

SPD SCREEN DISPLAY FILE

-stateref-

-HHCOMP-

Once the relevant household variables are known, we
can include this display.

PRESS ENTER TO CONTINUE _

-CP_SUM-

NAME 1:[NAME OF CONTACT PERSON 1]

[LISTED ADDRESS OF CP1]

Number and Street

City:_____ County:_____

State:_____

ZIP:_____ - _____

RELATIONSHIP OF CP1 TO REFERENCE PERSON:_____

[LISTED TELEPHONE NUMBER OF CP1]

AREA CODE:_____

TELEPHONE:_____ - _____

EXTENSION:_____

NAME 2:[NAME OF CONTACT PERSON 2]

[LISTED ADDRESS OF CP2]

Number and Street

City:_____ County:_____

State:_____

ZIP:_____ - _____

RELATIONSHIP OF CP2 TO REFERENCE PERSON:_____

[LISTED TELEPHONE NUMBER OF CP2]

AREA CODE:_____

TELEPHONE:_____ - _____

EXTENSION:_____

(1) Change information for Contact Person #1

(2) Change information for Contact Person #2

(P) PROCEED - All information correct

—

-CP1-

NOTE: This screen is "under construction."

Type the correct information or, if correct, press the ENTER key.

Current name: _____

Relationship (Please indicate to whom this person is related):

Current Rel: _____

Current address: _____

City:_____ County:_____

State: _____

ZIP: _____ - _____

TELEPHONE NUMBER

AREA CODE: _____

TELEPHONE: _____ - _____

EXTENSION _____

-CP2-

Type the correct information or, if correct, press the ENTER key.

Current name: _____

Relationship (Please indicate to whom this person is related):

Current Rel: _____

Current address: _____

City: _____ County: _____

State: _____

ZIP: _____ - _____

TELEPHONE NUMBER:

AREA CODE: _____

TELEPHONE _____ - _____

EXTENSION: _____

-START-

CENSUS CATI/CAPI SYSTEM

SPD

THE SURVEY OF PROGRAM DYNAMICS

PSU:
SEGMENT: CASE STATUS IS: [STATUS]

DATE IS: [CDATE_C:b] APPOINTMENT: [CALLBACK]
TIME IS: [CTIME_C]

(P) Proceed - PERSONAL INTERVIEW
(A) Set appointment for visit or callback
(Q) Quit -- Do Not Attempt now
[fill TEMP6]

-

-DIAL-

FR INSTRUCTION: TELEPHONE INTERVIEWS ARE ALLOWED ONLY AS A LAST
RESORT

PRESS SHIFT-F4 TO REVIEW HOUSEHOLD COMPOSITION

Dial this number: Area Code: (____) Phone Number: [____-_____] Ext: [____]
Secondary number: Area Code: (____) Phone Number: [____-_____] Ext: [____]

- (1) Someone answers - BEGIN INTERVIEW
- (2) Someone answers - SET APPOINTMENT
- (3) No contact - answer machine/busy/no answer
- (4) New telephone number or telephone disconnected
- (5) Not attempted now

-

-HHAPPT1-

-

-DASSIST-

Enter address or (S) for SAME, if no change needed

FR INSTRUCTION: Call directory assistance in your area
if necessary to obtain the correct telephone
number for this household.

(PRESS SHIFT-F4 TO DISPLAY HOUSEHOLD ROSTER AND ADDRESS
FROM PREVIOUS WAVE)

What is the new telephone number for the [RESPONDENT NAME] household?

CURRENT NUMBER: Area Code:(____) Telephone:[____-_____] Ext: [____]

_CHGAR _CHGNUM _CHGEXT

-HHAPPT2-

When would be a convenient time to conduct an interview with your household?

—

-HHAPPT3-

Before I go, let me verify some information:

Is your address still (READ ADDRESS BELOW)?

Number and Street:

City:_____ County:_____

State:_____

ZIP:_____ - _____

- (1) Yes
- (2) No
- (3) Address correction - HH did not move

(Q) End interview

—

-HHAPPT4-

Enter address or (S) for SAME, if no change needed

Current listing: [HOUSEHOLD ADDRESS LINE 1]
[HOUSEHOLD ADDRESS LINE 2]

_CHGADR1
_CHGADR2

Current listing: [HOUSEHOLD ADDRESS CITY/COUNTY]
_CHGPO

Current listing: [HOUSEHOLD ADDRESS STATE]
_CHGSTATE (H) HELP

Current Listing: [HOUSEHOLD ADDRESS ZIP CODE]
_CHGZIP

CURRENT NUMBER: Area Code:(____) Telephone:[____-_____] Ext:[____]

_CHGAR _CHGNUM _CHGEXT

-HHAPPT5-

FR INSTRUCTION: PRESS SHIFT-F4 TO DISPLAY PREVIOUS WAVE
HOUSEHOLD ROSTER

I have listed [HOUSEHOLD ROSTER] as living in this household.

Are ALL of these people still living here?

(1) Yes

(2) No

(Q) End interview

-HHAPPT99-

Thank you for your assistance. I will visit your household
on [SCHEDULED DATE].

FR INSTRUCTION: This household has persons who have moved since

the last interview; you may wish to review procedures for movers before the interview.

REMEMBER: Deal with mover cases early in the interview period, so that you have sufficient time to locate and interview the people who moved.

PRESS ENTER TO CONTINUE

—

-INTRO_D-

[CURRENT RESPONDENT NAME]

Some of the questions have already been answered.
Let me see where we should begin.

Item to begin: [LAST OPENED QUESTION]

PRESS ENTER TO CONTINUE

@

-INTRO-

"Hello. I'm ... from the United States Bureau of the Census.
(If personal visit, read: Here is my identification card [bold](show ID card)[n].)

We are taking a survey to examine the well-being of people who live in the United States. We realize that you were a Current Population Survey household, and were contacted 8 times, but this is just a one-time interview. Permission to conduct this survey is given by OMB number . I have some questions I would like to ask you.

- Ask respondent if he/she received advance letter. If not, give letter to respondent before proceeding (Read/explain the letter to telephone respondents.)

- (1) No - Inconvenient time.
- (2) No - Reluctant Respondent - Hold for refusal followup
- (3) Noninterview (Type A/B/C/D OR a mover noninterview)
- (4) Contacted Incorrect Household - END INTERVIEW
- (P) Proceed

—

-TYPEABC-

ENTER NONINTERVIEW CODE

TYPE A

- (1) No one home
- (2) Temporarily absent
- (3) Refused
- (4) Language problem
- (5) Other Type A

TYPE B

- (20) ENTIRE HH institutionalized

TYPE C

- (29) ENTIRE HH deceased
- (30) ENTIRE HH moved out of country
- (31) ENTIRE HH on active duty in Armed Forces

MOVER SITUATIONS

- (32) ENTIRE HH Moved to known address OUTSIDE of FR's area
- (33) ENTIRE HH Moved to known address WITHIN FR's area
- (34) ENTIRE HH merged with another SPD HH
- (35) ENTIRE HH Moved and split into several new SPD HH's
- (36) ENTIRE HH Moved - further work needed to obtain address
- (37) Other Type C

TYPE D

- (38) ENTIRE HH Moved, address unknown
- (39) ENTIRE HH Moved within US; RO determined case is outside SPD limits @

-BCINFO-

FR INSTRUCTION:

For Type B and C noninterviews, collect the following information.

Date the household left sample: Month: ____ Day: ____

Name of person providing noninterview status: _____

FR NOTE: Enter "BYOBS" if determined by observation

Telephone number of person listed above:

Area Code: ____

Number: ____-____

Extension: ____

-SPECIFY-

Specify the kind of "Other" Noninterview
(Type A, B, and D)

—

-TPC_OTH-

Specify the kind of "Other" Noninterview
(Type C)

—

-NI_RACE-

Enter the race of the reference person

- (1) White
- (2) Black
- (3) American Indian, Aleut or Eskimo
- (4) Asian or Pacific Islander
- (5) Other
- (D) Don't Know

—

-NI_SEX-

Enter the sex of the reference person

- (1) Male
- (2) Female

—

-NI_SIZE-

ASK OR VERIFY WITH SOME KNOWLEDGEABLE INDIVIDUAL

Enter the total number of people in the household.
Count all children and adults.

—

-NI_TENUR-

Are the living quarters --

- (1) Owned or being bought by the occupant(s)
- (2) Rented for cash
- (3) Occupied without payment of cash rent

—

-TYPEADIS-

** NOTE TO FR **

PLEASE DISCUSS THIS CASE WITH YOUR SUPERVISOR
BEFORE DESIGNATING IT AS A TYPE A NONINTERVIEW.

PRESS ENTER TO CONTINUE

—

-GET_NEWAD1-

ASK OR VERIFY

Can you give me the new address of the individuals who
lived in this household?

- (1) Yes
- (2) No / Address not available yet

—

-GET_NEWAD2-

IF ANY PART OF THE ADDRESS IS UNKNOWN OR BLANK,
PRESS ENTER TO LEAVE THOSE FIELDS BLANK.

What is the new address for these persons?

STREET ADDRESS: _____

CITY: _____

STATE: _____ (H) HELP

ZIP CODE: _____ - _____

TELEPHONE NUMBER:

AREA CODE: _____

TELEPHONE: _____ - _____

EXTENSION: _____

-ALFTDATE-

DATE OF LAST INTERVIEW: [LAST INTERVIEW MONTH]

When did these persons leave?

ENTER NUMERIC VALUES FOR MONTH AND DAY

MONTH: ____

DAY: ____

-AVERDATE-

I would like to verify that
these persons left before [FIRST MONTH OF REFERENCE PERIOD].
Is that correct?

(1) Yes

(2) No

—

-ARSNLFT-

Why did these persons leave the household?

ENTER ALL THAT APPLY - ENTER (N) AFTER LAST
ENTRY IF LESS THAN 3 REASONS

(5) Separation or divorce

(6) Marriage

(7) Became employed/unemployed

(8) Due to job change - other

(10) Other

_1 _2 _3

-ALFTMAIN-

What is the main reason these persons
left the household?

REASON 1
REASON 2
REASON 3

-

-VERADD-

What is your exact address?

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____ - _____

- (1) Address correct as listed
- (2) Some additions/changes to address are needed
- (H) Help

-

-ADDWARN-

FR INSTRUCTION:

If the entire household has moved to a new address, DO NOT use the
address change screen. Entire-household mover cases should be
spawned from the TYPEABC screen. Enter (S) at the prompt to spawn
a mover case (or cases).

(N) No changes needed

- (S) Spawn mover case(s) from TYPEABC screen
- (P) Proceed to the address change screen

-CHGADD-

Number and Street:

City: _____ County: _____

State: _____

ZIP: _____ - _____

Press ENTER key, if entry is correct (H - Help for State abbreviations)

NUMBER: _1
SUFFIX: _2
STREET NAME: _3
UNIT: _4
PHY. DESCRIPTION: _5
CITY OR PLACE: _6
STATE: _7
ZIP5: _8
ZIP4: _9

CURRENT TELEPHONE NUMBER: (____) _____ - _____ Ext _____

Area Code: _10 Telephone: _11 - _12 Extension: _13

-MAILADDR-

Is this also your mailing address?

Number and Street:

City: _____ County: _____

State:_____

ZIP:_____ - _____

- (1) Yes
- (2) No
- (H) Help

-CHGMAIL-

FR: Please enter the correct mailing address below.

Number and Street:

City:_____ County: _____

State:_____

ZIP: _____ - _____

Press ENTER key, if entry is correct (Help for State abbreviations)

NUMBER: _1
SUFFIX: _2
STREET NAME: _3
UNIT: _4
CITY OR PLACE: _6
STATE: _7
ZIP5: _8
ZIP4: _9

-ACCESS-

** DO NOT READ TO RESPONDENT **

IS ACCESS TO THIS UNIT

- (1) Direct
- (2) Through another unit

(H) Help

—

-UNIT_CMB-

** DO NOT READ TO RESPONDENT **

This household must be combined with the household through which access is gained. Determine if the household is in or out of the SPD sample.

- (1) Combined with HH in SPD sample
- (2) Combined with HH NOT in SPD sample

—

-LIVQRT-

** DO NOT READ TO RESPONDENT **

Enter type of living quarters

HOUSING UNIT

- (1) House, apartment, flat
- (2) HU in nontransient hotel, motel, etc.
- (3) HU permanent, in transient hotel, motel, etc.
- (4) HU in rooming house
- (5) Mobile home or trailer with NO permanent room added
- (6) Mobile home or trailer with one or more permanent rooms added
- (7) HU not specified above

GROUP QUARTERS UNIT

- (8) Quarters not HU in rooming or boarding house
- (9) Unit not permanent in transient hotel, motel, etc.
- (11) Student quarters in college dormitory
- (12) OTHER GROUP QUARTERS UNIT not specified above

—

-UNITS-

ASK IF NOT APPARENT

How many housing units, both occupied and vacant,

are there in this structure?

- (1) One, detached
- (2) One, attached
- (3) Two
- (4) 3-4
- (5) 5-9
- (6) 10-19
- (7) 20-49
- (8) 50 or more

—

-BEGINT-

I'm ready to begin the interview with questions about who lives here, their ages, how they're related to each other, and other information of that sort. Then, I will ask questions about your jobs and any other sources of income.

First, I will ask you about YOURSELF and then I'll need to interview any other adults in the household.

PRESS ENTER TO CONTINUE

—

-VERMAIL-

Is your mailing address:

ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____

ZIP: _____-_____

- (1) Yes
- (2) No

(H) Help

—

-CHVMAIL-

Enter corrected mailing address or (S) for SAME if correct

Current listing: [MAILING ADDRESS LINE 1]

[MAILING ADDRESS LINE 2]

_CHGMADR1

_CHGMADR2

Current listing: [MAILING ADDRESS CITY/COUNTY]

_CHGMPO

Current listing: [MAILING ADDRESS STATE]

_CHGMSTAT (H) HELP

Current Listing: [MAILING ADDRESS ZIP CODE]

_CHGMZIP

-TENURE-

Are your living quarters --

- (1) Owned or being bought by you or someone
in your household
- (2) Rented for cash
- (3) Occupied without payment of cash rent

—

-VERFYTEN-

Previously, we recorded that your living quarters were
[CURRENT TENURE RECORDED].

Is that correct?

- (1) Yes
- (2) No

—

-NEWTEN-

ENTER CORRECT LIVING QUARTERS STATUS

- (1) Owned or being bought by you or someone
in your household
- (2) Rented for cash
- (3) Occupied without payment of cash rent

—

-PUBHSE-

Is this residence in a public housing project, that is,
is it owned by a local housing authority?

- (1) Yes
- (2) No
- (D) Don't Know
- (H) Help

—

-GVTRNT-

Is the Federal, State or local government paying part
or all of the rent for this residence?

- (1) Yes
- (2) No
- (D) Don't Know
- (H) Help

—

-H_VERADD-

Only change the exact address information after confirming
the change with some knowledgeable individual. If the respondent
produces bills or letters addressed to the housing unit with the
corrected address, accept the validity of the corrected address.
If the housing unit is vacant, confirm the address and/or change

in address with knowledgeable individuals such as landlords, postal employees, police or city officials, etc.

If you are at the incorrect address, select the incorrect address option on the VERADD screen; the CAPI instrument will end the interview.

PRESS "ENTER" TO EXIT HELP _

-H_MAILADDR-

Enter the mailing address for the housing unit, IF the mailing address is different from the exact address.

PRESS "ENTER" TO EXIT HELP _

-H_ACCESS-

The housing unit has direct access if one can enter the unit directly from the outside, or through a common hall (such as in an apartment building).

PRESS "ENTER" TO EXIT HELP _

-H_PUBHSE-

Public housing consists of housing units that are wholly owned by either the Federal, state, and/or local government. Rent may be lowered because of certain subsidies paid to the landlord by various government assistance programs on behalf of the renter (i.e., FHA Section 236, FHA Rent Supplement, or Housing for Elderly-Direct Loan programs).

PRESS "ENTER" TO EXIT HELP _

-H_GVTRNT-

There are several different government programs that assist renters in the payment of their monthly rent. Among these are the FHA Section 236, FHA Rent Supplement, Housing for Elderly-Direct Loan, and the Below Market Interest Rate programs.

PRESS "ENTER" TO EXIT HELP _

-STLLIV-

During our last interview we listed
(READ NAMES) as living at this
residence. Do all of these persons live
here now?

- (1) Yes
- (2) No

—

-NOTLIV-

Which of these persons do not live here now?
ENTER LINE NUMBER OF PERSON WHO LEFT HOUSEHOLD

—

-LFTDATE-

DATE OF LAST INTERVIEW: [LAST INTERVIEW MONTH]

When did [FIRST AND LAST NAME] leave?

(0) IF "PREVIOUSLY LISTED IN ERROR"

MONTH: ____
DAY: ____
YEAR: _____

-VERDATE-

I would like to verify that [FIRST AND LAST NAME]
left before [FIRST MONTH OF REFERENCE PERIOD] 1st. Is that correct?

- (1) Yes
- (2) No

—

-RSNLFT-

Why did [FIRST AND LAST NAME] leave the household?

ENTER ALL THAT APPLY - (N) FOR NO MORE

- _1 (1) Deceased
- _2 (2) Institutionalized
- _3 (3) On active duty in the Armed Forces
- _4 (4) Moved outside of U.S.
- _5 (5) Separation or divorce
- _6 (6) Marriage
- _7 (7) Became employed/unemployed
- _8 (8) Due to job change - other
- _9 (9) Listed in error in prior interview
- _10 (10) Other

-LFTMAIN-

What is the main reason [FIRST AND LAST NAME] left the household?

- (1) Deceased
- (2) Institutionalized
- (3) On active duty in the Armed Forces
- (4) Moved outside of U.S.
- (5) Separation or divorce
- (6) Marriage
- (7) Became employed/unemployed
- (8) Due to job change - other
- (9) Listed in error in prior interview
- (10) Other

-WHOELSE-

ASK IF NECESSARY:

Did anyone else who lived here last time go to live with (READ NAME(S) ABOVE)?

- (1) Yes
- (2) No

-NEWADD-

What is the new address for READ NAMES ABOVE?

FR: Do you know the new address? (1=yes, 2=no) _

Number and Street:

City: _____ County: _____

State: _____ (H) HELP

ZIP: _____-_____

TELEPHONE NUMBER AREA CODE: _____ TELEPHONE: _____-_____ EXTENSION:

-FRAREA-

QUESTION TO FR:

Is this address within your interview area?

(1) Yes

(2) No

(3) Further work needed to obtain address

—

-MORLEAV-

Is anyone else who lived here last time currently not
living here? (1=yes, 2=no) _

-NEWMBR-

Is there anyone else living or
staying here now, who I have not
listed?

Is anyone else living or staying
here now who I have not listed,
including any newborn babies?

- (1) Yes
- (2) No

-FMRMBR-

FR NOTE:

Is the new household member you
just added shown on the list
of former household members?
(IF YES, ENTER LINE NUMBER)

(N) No, not shown

LINE: _

-MOREFMR-

Did anyone else on this list
rejoin this household?

- (1) Yes
- (2) No

-ADDFMR-

Who is that?

(N) No more

LINE: _

-NEWNAME-

What is the name of the new person?
Please include middle and maiden names.
(PRESS ENTER, IF NO MIDDLE OR MAIDEN NAME)

FIRST NAME _____
MIDDLE NAME _____

LAST NAME _____
MAIDEN NAME _____

Has he/she ever gone by any other last name?
(PRESS ENTER, IF NO OTHER LAST NAME)

OTHER NAME _____

-NEWRES-

Does [FIRST AND LAST NAME] usually live here?

- (1) Yes
- (2) No

-NEWURE-

Does [FIRST AND LAST NAME] have some other residence where
he/she usually lives?

- (1) Yes
- (2) No

-NOLIST-

Since [FIRST AND LAST NAME] does not usually live here
and has another residence he/she will not be included in this
survey.

_ (PRESS ENTER)

-ENTDATE-

When did [FIRST AND LAST NAME] begin living here?

- (B) If person lived at this address before
sample person(s) entered.

MONTH: ____
DAY: ____
YEAR: _____

-VERDAT-

I would like to verify that [FIRST AND LAST NAME]
joined this household before [FIRST MONTH OF REFERENCE PERIOD]. Is that correct?

- (1) Yes
- (2) No

-RSNENT-

Why did [FIRST AND LAST NAME] join this household?

ENTER ALL THAT APPLY - (N) FOR NO MORE

- _1 (1) Birth
- _2 (2) Marriage
- _4 (4) Due to separation or divorce
- _5 (5) From an institution
- _6 (6) From Armed Forces barracks
- _7 (7) From outside the U.S.
- _9 (9) Became employed/unemployed
- _10 (10) Job change - other
- _11 (11) Lived at this address before sample person(s) entered
- _12 (12) Other

-ENTMAIN-

What was the main reason [FIRST AND LAST NAME] entered
the household?

- (1) Birth
- (2) Marriage
- (4) Due to separation or divorce

- (5) From an institution
- (6) From Armed Forces barracks
- (7) From outside the U.S.

- (9) Became employed/unemployed
- (10) Job change - other
- (11) Lived at this address before sample person(s) entered
- (12) Other

-NEWSEX-

ASK IF NOT APPARENT:

Is [FIRST AND LAST NAME] Male or Female?

- (1) Male
- (2) Female

-HHRESP-

FR: ENTER LINE NUMBER OF RESPONDENT
(MUST BE 15 OR OLDER)

LINE: _

-NEWRP-

FR NOTE:

Last time we recorded that [FIRST AND LAST NAME]
was the person or one of the persons who owned or rented
the home. [PREVIOUS REFERENCE PERSON] no longer lives here.

Who owns or rents this home?

WARNING: THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER
ENTER LINE NUMBER _

-NEWRP2-

FR NOTE:

Last time we recorded that [FIRST AND LAST NAME]
was the person or one of the persons who owned or rented
the home. [PREVIOUS REFERENCE PERSON] no longer lives here.

Who owns or rents this home?

WARNING: THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER
ENTER LINE NUMBER _

-NEWRP3-

FR NOTE:

Last time we recorded that [FIRST AND LAST NAME]
owned or rented the home.

Now that your address has changed, I need to know if
[FIRST AND LAST NAME] is the person or one of the persons
who owns or rents this home.

- (1) Yes, same person owns/rents home
- (2) No, someone else owns/rents home

-NEWRP4-

Who owns or rents this home?

WARNING: THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER
ENTER LINE NUMBER _

-NEWRRP-

Please turn to flashcard A. Which one of the responses listed best
describes [FIRST AND LAST NAME]'s relationship to [REFERENCE PERSON]?

- (20) Spouse (Husband/Wife)
- (21) Unmarried Partner
- (22) Child
- (23) Grandchild

- (24) Parent (Mother/Father)
- (25) Brother/Sister
- (26) Other Relative of Reference Person
(Uncle, cousin, mother-in-law, father-in-law, etc.)

- (27) Foster Child
- (28) Housemate/Roommate
- (29) Roomer/Boarder
- (30) Other Non-Relative of Reference Person

-SPOUSE1-

DO NOT READ TO RESPONDENT UNLESS NECESSARY

Is one of the following SEX entries incorrect?

LINE	[REFERENCE PERSON]	SEX
LINE	[SPOUSE]	SEX

- (1) To correct [REFERENCE PERSON]'s SEX entry
- (2) To correct [SPOUSE]'s SEX entry
- (3) Neither sex entry is incorrect

-SPOUSE2-

You said [FIRST AND LAST NAME] is your spouse.
Is that correct?

- (1) Yes
- (2) No

-SPOUSE3-

DO NOT READ TO RESPONDENT UNLESS NECESSARY

Earlier I recorded
[OTHER FIRST AND LAST NAME] was your spouse.

You have just reported [FIRST AND LAST NAME] is also

your spouse. Which is correct?

- (1) [OTHER FIRST AND LAST NAME] is the correct spouse. Change relationship entry of [FIRST AND LAST NAME]
- (2) [FIRST AND LAST NAME] is the correct spouse. Change relationship entry of [OTHER FIRST AND LAST NAME]

—

-SPOUSE4-

Please turn to flashcard A.

What is [OTHER FIRST AND LAST NAME] relationship to [REFERENCE PERSON]?

- (22) Child
- (23) Grandchild
- (24) Parent (Mother/Father)
- (25) Brother/Sister
- (26) Other Relative of Reference Person
(Uncle, cousin, mother-in-law, father-in-law, etc.)
- (27) Foster Child
- (28) Housemate/Roommate
- (29) Roomer/Boarder
- (30) Other Non-Relative of Reference Person ____

-DAD1-

You have reported both
[OTHER FIRST AND LAST NAME]
and
[FIRST AND LAST NAME]
are parents of
[CHILD'S FIRST AND LAST NAME]

Is that correct?

- (1) No, change relationship to reference person code for [FIRST AND LAST NAME]
- (2) No, change relationship to reference person code for [OTHER FIRST AND LAST NAME]

- (3) Yes, this is correct.
(One is natural father, one is step-father, for example)

-DAD2-

Please look at flashcard A.
What is [OTHER FIRST AND LAST NAME]
relationship to [REFERENCE PERSON]?

- (21) Unmarried Partner
- (22) Child
- (23) Grandchild
- (24) Parent (Mother/Father)
- (25) Brother/Sister
- (26) Other Relative of Reference Person
(Uncle, cousin, mother-in-law, father-in-law, etc.)
- (27) Foster Child
- (28) Housemate/Roommate
- (29) Roomer/Boarder
- (30) Other Non-Relative of Reference Person ____

-MOM1-

You have reported both
[OTHER FIRST AND LAST NAME]
and
[FIRST AND LAST NAME]
are parents of
[CHILD'S FIRST AND LAST ANME]

Is that correct?

- (1) No, change relationship to reference person code for
[FIRST AND LAST NAME]
- (2) No, change relationship to reference person code for
[OTHER FIRST AND LAST NAME]
- (3) Yes, this is correct.
(One is natural mother, one is step-mother, for example)

-MOM2-

Please look at flashcard A.

What is [OTHER FIRST AND LAST NAME]
relationship to [REFERENCE PERSON]?

- (21) Unmarried Partner
- (22) Child
- (23) Grandchild
- (24) Parent (Mother/Father)
- (25) Brother/Sister
- (26) Other Relative of Reference Person
(Uncle, cousin, mother-in-law, father-in-law, etc.)
- (27) Foster Child
- (28) Housemate/Roommate
- (29) Roomer/Boarder
- (30) Other Non-Relative of Reference Person ____

-RPDAD-

I've recorded that [FIRST AND LAST NAME] is
[CHILD FIRST AND LAST NAME]'s father. Is [CHILD FIRST AND LAST NAME] his
biological, step, adopted or foster child?

- (1) Biological or natural
- (2) Stepchild
- (3) Adopted child
- (4) Foster child

-RPDAD2-

Is [CHILD FIRST AND LAST NAME] also his adopted child?

- (1) Yes
- (2) No

-RPMOM-

I've recorded that [FIRST AND LAST NAME] is
[CHILD FIRST AND LAST NAME]'s mother. Is [CHILD FIRST AND LAST NAME] her
biological, step, adopted or foster child?

- (1) Biological or natural
- (2) Stepchild
- (3) Adopted child
- (4) Foster child

—

-RPMOM2-

Is [CHILD FIRST AND LAST NAME] also her adopted child?

- (1) Yes
- (2) No

—

-INTROCC-

Now I will briefly review a little information about
the people who live here.

PRESS ENTER TO CONTINUE

—

-AGECHK-

I have listed that [FIRST AND LAST NAME] age is [CURRENT AGE]
Is that correct?

- (1) Yes
- (2) No

-NUBDAY-

What is [FIRST AND LAST NAME] date of birth?

- | | | |
|--------------|------------|---------------|
| (1) January | (5) May | (9) September |
| (2) February | (6) June | (10) October |
| (3) March | (7) July | (11) November |
| (4) April | (8) August | (12) December |

BIRTH MONTH

PREVIOUS ANSWER: [BIRTH MONTH]

DAY OF MONTH

PREVIOUS ANSWER: [BIRTH DAY]

BIRTH YEAR

PREVIOUS ANSWER: [BIRTH YEAR]

-DOB-

What is [FIRST AND LAST NAME] date of birth?

- | | | |
|--------------|------------|---------------|
| (1) January | (5) May | (9) September |
| (2) February | (6) June | (10) October |
| (3) March | (7) July | (11) November |
| (4) April | (8) August | (12) December |

ENTER MONTH: _____

ENTER DAY: _____

ENTER 4 DIGIT YEAR: _____

-DOBA-

Would you say [FIRST AND LAST NAME] is:

- (1) [COMPUTED AGE] years of age?
- (2) [COMPUTED AGE PLUS 1 YEAR MORE] years of age?

(N) Neither is correct

—

-VERAGE-

That would make [FIRST AND LAST NAME] [AGE]
Is that correct?

- (1) Yes, age is correct
- (2) No, age is not correct

—

-AGEGES-

ENTER YOUR BEST ESTIMATE OF
[FIRST AND LAST NAME] AGE:

—

-OLDMS-

Last time I recorded [FIRST AND LAST NAME] marital status as [MARITAL STATUS].
Is that HIS/HER current marital status?

- (1) Yes
- (2) No

—

-OLDSP-

Last time I recorded that [FIRST AND LAST NAME] was
married to [FIRST AND LAST NAME]. Is that currently correct?

- (1) Yes
- (2) No

—

-MS-

What is [FIRST AND LAST NAME] current Marital Status?

- (1) [MARRIED, SPOUSE PRESENT]
- (2) Married, SPOUSE ABSENT
- (3) Widowed
- (4) Divorced
- (5) Separated
- (6) Never married

-LNSP-

ENTER LINE NUMBER OF [FIRST AND LAST NAME] SPOUSE.
(ASK IF NECESSARY)

(N) No one listed

-SPSSX1-

(DO NOT READ TO RESPONDENT UNLESS NECESSARY)

Is one of the following SEX entries incorrect?

LINE	PERSON	SEX
LINE	OTHER PERSON	SEX

- (1) To correct [PERSON NUMBER]'s SEX entry
- (2) To correct [SPOUSE]'s SEX entry
- (3) Neither SEX entry is incorrect

-SPSSX2-

You said [OTHER FIRST AND LAST NAME]
is [FIRST AND LAST NAME] spouse.
Is that correct?

- (1) Yes
- (2) No

-EVRWID-

HAS [FIRST AND LAST NAME] EVER been widowed?

- (1) Yes
- (2) No

-EVRDIV-

HAS [FIRST AND LAST NAME] EVER been divorced?

- (1) Yes
- (2) No

-AFEVER-

Did [FIRST AND LAST NAME] ever serve on active duty in the U.S. Armed Forces?

- (1) Yes
- (2) No

-AFWHEN-

From a previous interview, we recorded that [FIRST AND LAST NAME] serve on active duty in the U.S. Armed Forces, but we don't have a record of the times served. When did [FIRST AND LAST NAME] serve on active duty?

(ENTER ALL THAT APPLY)

When did [FIRST AND LAST NAME] serve on active duty?

- (N) No more
- (H) Why are different service periods displayed?

ANSWER: _

Did [FIRST AND LAST NAME] serve on active duty any other times?

- _1 (1) August 1990 to present (including Persian Gulf War)
- _2 (2) September 1980 to July 1990
- _3 (3) May 1975 to August 1980
- _4 (4) Vietnam Era (Aug.'64 - April '75)
- _5 (5) Other service (All other periods)

-AFNOW-

IS [FIRST AND LAST NAME] now on active duty in
the Armed Forces?

- (1) Yes
- (2) No

-OLDED-

I have recorded that [FIRST AND LAST NAME] highest level
of school completed or highest degree received is:
[LEVEL OF SCHOOL COMPLETED]
[PROGRAM COMPLETED]
Is that still correct?

- (1) Yes
- (2) No

-EDUCA-
FLASHCARD B

What is the highest level of school [FIRST AND LAST NAME] has completed or the
highest degree he/she has received?

- | | |
|-------------------------------|--------------------------------------|
| (31) Less than 1st grade | (44) Bachelors degree |
| (32) 1st,2nd,3rd or 4th grade | (For example: BA, AB, BS) |
| (33) 5th or 6th grade | (45) Master's degree (For example: |
| (34) 7th or 8th grade | MA, MS, MEng, MEd, MSW, MBA) |
| (35) 9th grade | (46) Professional School Degree (For |
| (36) 10th grade | example: MD,DDS,DVM,LLB,JD) |
| (37) 11th grade | (47) Doctorate degree |

- (38) 12th grade, no diploma (For example: PhD, EdD)
(39) HIGH SCHOOL GRADUATE - high school
DIPLOMA or equivalent (e.g., GED)
(40) Some college but no degree
(41) Diploma or certificate from a vocational, technical,
trade or business school beyond the High School level
(42) Associate degree in college - Occupational/vocational program
(43) Associate degree in college - Academic program

-EDUCB-

HAS [FIRST AND LAST NAME] completed high school by
means of a GED or other equivalency test or program?

- (1) Yes
(2) No

-LM-

Who is the mother/stepmother of
(READ NAME)

(N) Not listed
[roster begin PERSONS] [FIRST AND LAST NAME]?
[roster end PERSONS]

-TYPMOM-

[PARENT'S FIRST AND LAST NAME] is the parent.

IS [FIRST AND LAST NAME] [PARENT'S FIRST AND LAST NAME]'s biological, step,
adopted or foster child?

- (1) Biological or natural
(2) Stepchild
(3) Adopted child
(4) Foster child

-LD

Who is the father/stepfather of
(READ NAME)

(N) Not listed

[roster begin PERSONS] _ [FIRST AND LAST NAME]?
[roster end PERSONS]

-TYPDAD-

[PARENT'S FIRST AND LAST NAME] is the parent.

IS [FIRST AND LAST NAME] [PARENT'S FIRST AND LAST NAME]'s biological, step,
adopted or foster child?

- (1) Biological or natural
- (2) Stepchild
- (3) Adopted child
- (4) Foster child

-LG-

Who in this household is the
most knowledgeable person about
(READ NAME) and his/her activities?

(N) Not listed

[roster begin PERSONS] _ [FIRST AND LAST NAME]
[roster end PERSONS]

- and R_RRP+(X) le -
913>))]

Is [FIRST AND LAST NAME] mother a member of this household?
(SEE LIST ABOVE FOR ELIGIBLE PEOPLE)

Enter (N), if not listed above

LINE NO. ____

-TYPMOM2-

IS [FIRST AND LAST NAME] also
[PARENT FIRST AND LAST NAME]'s adopted child?

- (1) Yes
- (2) No

- and R_RRP+(X) le -
913>))]

Is [FIRST AND LAST NAME] father a member of this household?

IF NO, ENTER (N)
IF YES, ENTER THE FATHER'S LINE NUMBER

-TYPDAD2-

IS [FIRST AND LAST NAME] also
[PARENT FIRST AND LAST NAME]'s adopted child?

- (1) Yes
- (2) No

-STEPDAD-

Is [FIRST AND LAST NAME] also his stepchild?

- (1) Yes
- (2) No

|

-STEPMOM-

Is [FIRST AND LAST NAME] also her stepchild?

- (1) Yes
- (2) No

-OLDGRD-

I have listed that [ADULT'S FIRST AND LAST NAME] is
[FIRST AND LAST NAME] guardian.
Is that correct ?

- (1) Yes
- (2) No

-LNGD-

Who in this household is most knowledgeable person about [FIRST
AND LAST NAME] and HIS/HER] activities?

- (N) Not listed

-NEWRACE-

FLASHCARD C

Which of the categories (on this card) best
describes [FIRST AND LAST NAME] race?

IF TELEPHONE INTERVIEW, READ CATEGORIES TO RESPONDENT

- (1) White
- (2) Black
- (3) American Indian, Aleut, or Eskimo
- (4) Asian or Pacific Islander
- (5) Other Race

-OTHRAC-

Enter the specific race reported.

—

-ORIGIN-
FLASHCARD D

What is [FIRST AND LAST NAME] origin or descent?
(READ CATEGORIES IF NECESSARY FOR TELEPHONE INTERVIEWS)

(57) United States
(M) More countries

-BCNTRY_1-

What country were you born in?
What country was [FIRST AND LAST NAME] born in?

(200) Afghanistan	(103) Belgium	(415) Egypt
(60) American Samoa	(300) Bermuda	(417) Ethiopia
(375) Argentina	(376) Bolivia	(507) Fiji
(185) Armenia	(377) Brazil	(108) Finland
(102) Austria	(205) Burma	(421) Ghana
(501) Australia	(378) Chile	(138) Great Britain
(130) Azores	(311) Costa Rica	(340) Grenada
(333) Bahamas	(155) Czech Republic	(66) Guam
(202) Bangladesh	(105) Czechoslovakia	(126) Holland
(334) Barbados	(106) Denmark	(211) Indonesia
(310) Belize	(338) Dominica	

(M) More countries
(57) United States

-BCNTRY_2-

(213) Iraq	(440) Nigeria	(134) Spain
(214) Israel	(142) Northern Ireland	(136) Sweden
(216) Jordan	(127) Norway	(137) Switzerland
(427) Kenya	(229) Pakistan	(237) Syria
(183) Latvia	(253) Palestine	(240) Turkey
(222) Lebanon	(317) Panama	(78) U.S. Virgin Islands
(184) Lithuania	(72) Puerto Rico	(195) Ukraine
(224) Malaysia	(132) Romania	(180) USSR
(436) Morocco	(233) Saudi Arabia	(387) Uruguay
(126) Netherlands	(234) Singapore	(388) Venezuela
(514) New Zealand	(156) Slovakia/Slovak Rep.	(147) Yugoslavia
	(449) South Africa	

(M) More countries
(B) Previous screen
(57) United States

-BCNTRY_3-

The country you have named is not on my list. Can you tell me what part of the world that country is in? (READ LIST IF NECESSARY)

(353) Caribbean	(148) Europe	(245) Asia
(318) Central American	(252) Middle East	(527) Pacific Islands
(389) South American	(468) North Africa	(555) Elsewhere
(304) North American	(462) Other Africa	

(B) Previous screen

-CITIZEN-

Are you a U.S. citizen?
Is [FIRST AND LAST NAME] a U.S. citizen?

- (1) Yes
 - (2) No
-

-NATCIT-

Are you a citizen through naturalization or were you born abroad of American parents?
Is [FIRST AND LAST NAME] a citizen through naturalization or was [FIRST AND LAST NAME] born abroad of American parents?

- (1) Naturalized citizen
 - (2) Born abroad of American parents
-

-NATMONYR-

In what month and year did you become a citizen of the U.S.?
In what month and year did [FIRST AND LAST NAME] become a citizen of the U.S.?

MONTH: ____

(0) Enter 0, if before 1900

YEAR: _____

-E1-

FR:

The year just entered comes before the person's birth year.

If the previous answer is wrong, press F1 to back up and change the answer.

If the previous answer is correct, use the jump menu (press F4) to correct the person's year of birth. You can return to this point in the interview by pressing F3.

_ (PRESS ENTER)

-OTHLANG-

Do you speak some language other than English at home?

Does [FIRST AND LAST NAME] speak some language other than English at home?

(1) Yes

(2) No - speaks only English

—

-WHATLANG-

What is this language? (MARK ONLY ONE. IF MORE THAN ONE,
PROBE: WHAT IS THE MAIN LANGUAGE, OTHER THAN ENGLISH?)

(1) Spanish

(2) Asian language (e.g., Chinese, Japanese, Vietnamese)

(3) Other European language (e.g., French, German, Polish)

(4) Other - specify

—

SPECIFY: _____

-ENGLISH-

How well do you speak English?

- (1) Very Well
- (2) Well
- (3) Not well
- (4) Not at all

-

-WD1-

I have listed the following people
as living here now (READ LIST).
Since October 1996, did any of
these people live somewhere else
for a total of 30 days or more,
not counting vacations or business
trips?

- (0) No one lived elsewhere
for 30 days or more
- (N) No more

LINE: _ Anyone else?

-W3-

During which months did you live away from this household?

INTERVIEWER: Enter "FROM (MONTH) TO (MONTH)" for each time period;
use "A" for ALL; use "0" to erase; use "N" for no more.

FROM _BEG1 TO _END1 FROM _BEG2 TO _END2 FROM _BEG3 TO _END3

FROM _BEG4 TO _END4 FROM _BEG5 TO _END5 FROM _BEG6 TO _END6

** 1996 **

** 1997 **

** 1997 **

_1 OCT	_4 JAN	_9 JUN
_2 NOV	_5 FEB	_10 JULY
_3 DEC	_6 MAR	_11 AUG
	_7 APR	_12 SEP
	_8 MAY	

-W4-

- | | |
|----------------|-----------------------|
| (1) SPOUSE | (5) BROTHER/SISTER |
| (2) CHILD | (6) OTHER RELATIVE |
| (3) GRANDCHILD | (7) OTHER NONRELATIVE |
| (4) PARENT | (N) NOT RELATED |

How are you related to the person you lived with during (READ MONTHS)?

_1 OCT 96
_2 NOV 96
_3 DEC 96
_4 JAN 97
_5 FEB 97
_6 MAR 97
_7 APR 97
_8 MAY 97
_9 JUN 97
_10 JUL 97
_11 AUG 97
_12 SEP 97

-W5-

Besides the people living here now, was there anyone else who lived in this household for a total of 30 days or more, not counting vacations, since October 1996?

- (1) Yes
(2) No

-W6-

What are the names of the other people who lived here?

And what is that person's name?

FIRST: _____

MIDDLE: _____

LAST: _____

Anyone else?

(1) Yes

(2) No

_P

-W7-

During which months did [W6 FIRST AND LAST NAME] live in this household?

INTERVIEWER: Enter "FROM (MONTH) TO (MONTH)" for each time period;
use "A" for ALL; use "0" to erase; use "N" for no more.

FROM _BEG1 TO _END1 FROM _BEG2 TO _END2 FROM _BEG3 TO _END3

FROM _BEG4 TO _END4 FROM _BEG5 TO _END5 FROM _BEG6 TO _END6

** 1996 **

** 1997 **

** 1997 **

_1 OCT

_4 JAN

_9 JUN

_2 NOV

_5 FEB

_10 JULY

_3 DEC

_6 MAR

_11 AUG

_7 APR

_12 SEP

_8 MAY

-TSEX-

ASK IF NOT APPARENT:

Is [W6 FIRST AND LAST NAME] Male or Female?

(1) Male

(2) Female

-TRRP-

Please turn to flashcard A. Which one of the responses listed best describes [W6 FIRST AND LAST NAME]'s relationship to [REFERENCE PERSON'S FIRST AND LAST NAME]?

- (20) Spouse (Husband/Wife)
- (21) Unmarried Partner

- (22) Child
- (23) Grandchild
- (24) Parent (Mother/Father)
- (25) Brother/Sister
- (26) Other Relative of Reference Person
(Uncle, cousin, mother-in-law, father-in-law, etc.)

- (27) Foster Child
- (28) Housemate/Roommate
- (29) Roomer/Boarder
- (30) Other Non-Relative of Reference Person

-TAGE-

What is [W6 FIRST AND LAST NAME]'s age?

AGE: ____

-TM-

During the time [W6 FIRST AND LAST NAME] was living in this household, did he contribute any money toward paying household expenses?

- (1) Yes
- (2) No

-SSN-

What is [FIRST AND LAST NAME] Social Security or Railroad Retirement Number?

(N) None -- Doesn't have an SSN or RRN

____-____-____

-CBSSN-

This information is especially important to the survey.
If I were to call you later do you think I might be able to get the information then?

(1) Yes

(2) No

-CHANGE-

FR: VERIFY & CORRECT INFORMATION. FOR INCORRECT INFORMATION, ASK:

"I need to verify some of the information I have collected for ...

(P) All correct Or Enter LINE NUMBER of Person Needing a CHANGE

____ ("SHIFT-F6" TO DISPLAY FULL ROSTER)

-CHG_WHAT-

What change is needed for: [DEMOGRAPHIC ITEMS]

(M) Mistake -- no changes needed (4) Race

(2) Name (5) Origin

(3) Educational attainment (6) Social Security Number ____

PRESS "SHIFT-F6" TO DISPLAY FULL ROSTER IF NEEDED

-FIXNAME-

What is the name of the person living or staying here? Please include middle and maiden names.
PRESS ENTER IF NO MIDDLE OR MAIDEN NAME

FIRST NAME _____
MIDDLE NAME _____
LAST NAME _____
MAIDEN NAME _____

Has he/she ever gone by any other last name?
PRESS ENTER IF NO "OTHER" NAME

OTHER NAME _____

-FIXEDUC-

FLASHCARD B

What is the highest level of school [FIRST AND LAST NAME]
HAS completed or the highest degree HE/SHE HAS received?

- (31) Less than 1st grade (44) Bachelors degree
(32) 1st,2nd,3rd or 4th grade (For example: BA, AB, BS)
(33) 5th or 6th grade (45) Master's degree (For example:
(34) 7th or 8th grade MA, MS, MEng, MEd, MSW, MBA)
(35) 9th grade (46) Professional School Degree (For
(36) 10th grade example: MD,DDS,DVM,LLB,JD)
(37) 11th grade (47) Doctorate degree
(38) 12th grade, no diploma (For example: PhD, EdD)
- (39) HIGH SCHOOL GRADUATE - high school DIPLOMA
or equivalent (For example: GED)
(40) Some college but no degree
(41) Diploma or certificate from a vocational,technical,
trade or business school beyond the High School level
(42) Associate degree in college - Occupational/vocational program
(43) Associate degree in college - Academic program _____

-FIX_ED_B-

HAS [FIRST AND LAST NAME] completed high school by
means of a GED or other equivalency test or program?

- (1) Yes
(2) No

-FIXRACE-

FLASHCARD C

Which of the categories on this card best describes
[FIRST AND LAST NAME] race?

- (1) White
- (2) Black
- (3) American Indian, Aleut, or Eskimo
- (4) Asian or Pacific Islander
- (5) Other Race

-FIX_ORAC-

Enter the specific race reported.

-FIXORIG-
FLASHCARD D

Which of the categories on this card best describes [FIRST AND LAST NAME] origin or
descent?

- | | | |
|---------------------|-------------------------|--------------------------|
| (1) Canadian | (20) Mexican | (30) African-American or |
| (2) Dutch | (21) Mexican-American | Afro-American |
| (3) English | (22) Chicano | (31) American Indian, |
| (4) French | (23) Puerto Rican | Eskimo or Aleut |
| (5) French-Canadian | (24) Cuban | (32) Arab |
| (6) German | (25) Central American | (33) Asian |
| (7) Hungarian | (26) South American | (34) Pacific Islander |
| (8) Irish | (27) Dominican Republic | (35) West Indian |

What is [FIRST AND LAST NAME]
Social Security or Railroad Retirement Number?

(N) None -- Doesn't have an SSN or RRN

____-____-____

-CHG_MORE-

Are any more changes needed for: [DEMOGRAPHIC ITEMS]
(1-Yes, 2-No) _

-FALLOUT-

FR INSTRUCTION:
ALL HOUSEHOLD MEMBERS ELIGIBLE FOR INTERVIEW
[NO LONGER LIVE IN THE HOUSEHOLD/ARE UNDER THE AGE OF 15/ARE
CURRENTLY SERVING IN THE ARMED FORCES]

THIS HOUSEHOLD IS NOW CLASSIFIED A
TYPE C NONINTERVIEW.

IF THIS IS INCORRECT, DO THE FOLLOWING:
[RESTART THE CASE IN CASE MANAGEMENT/PRESS F1; BACKUP AND VERIFY
AGE IN THE AGECHK SCREEN/PRESS F1; CHANGE ARMED FORCES STATUS IN
THE AFNOW SCREEN]

IF THIS INFORMATION IS CORRECT,
PRESS ENTER TO CLOSE OUT THE CASE.

-H_MSNGPRSN-

This question is intended to verify that there are no
other persons in the household. Studies have shown that
persons will occasionally forget to mention certain persons
in the household who would qualify for SPD interviews, such
as temporary roomers, persons who live or stay in that unit
part of the month, etc.

PRESS "ENTER" TO EXIT HELP

-H_LIVEAT-

Part of the housing unit definition includes the idea that people living in a unit will either live together OR eat together.

PRESS "ENTER" TO EXIT HELP _

-H_OTHLIV-

Part of the housing unit definition includes the idea that people living in a unit will either live together or eat together, and that no other persons in the structure (i.e., in another unit or room) live or eat with this household.

PRESS "ENTER" TO EXIT HELP _

-H_XACCESS-

If the people who do not live or eat with the household members have direct access to a separate living arrangement, from the outside or through a common hallway, mark "Yes".

PRESS "ENTER" TO EXIT HELP _

-H_USUAL-

This is the usual place of residence if this address is the household member's sole address, or if the household member has 2 addresses but lives at this address most days in a given month.

PRESS "ENTER" TO EXIT HELP

-H_NXTLIV-

The household member usually lives here if this address is the his/her sole address, or if the household member has 2 addresses but lives at this address most days in a given month.

PRESS "ENTER" TO EXIT HELP _

-H_TRRP2-

- o The CHILD response includes natural, step, and adoptive children. Foster children are classified as code 27.
- o The PARENT response does NOT include in-laws; they are classified as code 26.

- o UNMARRIED PARTNERS live together in a housing unit as if they were married partners.
- o HOUSEMATE/ROOMMATES share a housing unit and living expenses for economic reasons.
- o ROOMER/BOARDERS pay rent to live in the reference person's home.

PRESS "ENTER" TO EXIT HELP _

-H_AGEES-

If the respondent does not know a person's age, enter the best estimate of the person's age in this screen.

Age is important to the CAPI questionnaire's ability to skip correctly for specific questions.

PRESS "ENTER" TO EXIT HELP _

-H_VERAGE-

Age is calculated as of the last day of the interview month.

If calculated age is not correct, answering "No" will permit you to correct the date of birth entries from the previous screen.

PRESS "ENTER" TO EXIT HELP _

-H_MS-

- o If the person's spouse is NOT a household member but he/she reports being married, mark "Married, spouse ABSENT"
- o If the person is separated from his/her spouse because of mutual agreement or by a legal decree but he/she is not yet divorced, mark "Separated".
- o If the person reports having been married but the marriage was annulled, mark the "never married" category.

PRESS "ENTER" TO EXIT HELP _

-H_AFWHEN-

The CAPI instrument will display only those service periods that are appropriate to the age of the person. Note that you may record up to 4 time periods of active duty service.

PRESS "ENTER" TO EXIT HELP _

-H_EDUCA-

This item provides information on the current educational level of persons. Be sure the level marked was completed. For example, persons may have attended college but not completed a degree; in this case, code 40 should be marked. For persons who have completed elementary, junior high, or high school as the highest level of education, determine the highest grade or year completed. Do not assume "junior high" falls in the 7th or 8th grade category. Some junior highs begin with the 6th grade and some end with the 10th grade.

- (31) Enter this code for persons who have not completed at least the 1st grade. They may have no schooling or completed only nursery school or kindergarten.
- (38) Enter only those who have completed the 12th grade or year but DO NOT have a high school diploma or the equivalent.

PRESS "SHIFT-F6" TO EXIT HELP

- (39) High school graduate indicates the person has received a high school diploma or the equivalent such as a GED. Include any persons who have completed less than 12 years of school but who have obtained a diploma.
- (40) Enter this category for those who have attended some college and have not yet received a degree. "College" indicates a school that grants college or university degrees, it does not include vocational, technical, business or trade school certificates or diplomas.

PRESS "SHIFT-F6" TO EXIT HELP

- (41) Vocational, technical, trade or business schools include things such as beauty schools, schools for dental assistants,

secretarial schools, nursing schools which do not award college degrees, and electrician certification. Schools such as these may award a diploma, certification or license as their final degree.

If uncertain, ask if the school granted the individual a college degree. If the program lasted 2 years or more and the degree awarded was an Associate, Bachelor's, Master's, or Doctorate, do not check code 41.

- (42) Associate's degrees are generally granted from 2-year institutions. If the major field of study followed an occupational or vocational track preparing one for a specific technical job or career upon completion of the program, mark this category.

PRESS "SHIFT-F6" TO EXIT HELP

- (43) An academic program of an Associate's degree includes fields in the humanities/liberal arts, social sciences, and general sciences and is often used as preparation for a 4-year (Bachelor's) degree.
- (44) Mark this entry if the degree completed is a Bachelor's degree (generally granted by four-year institutions). This includes Bachelor's of Arts and Bachelor's of Science.
- (45) Mark this if a Master's degree was granted from a university or college program. These include Master of Science, Arts, Social Work, Business Administration.
- (46) A professional degree is granted from a graduate or professional school, post-baccalaureate. This includes medical (MD), law (JD), dental (DDS), theological, or veterinarian (DVM) degrees.

PRESS "SHIFT-F6" TO EXIT HELP

- (47) Mark this entry for persons who have completed a Doctor of Philosophy (PhD), Doctor of Education (EdD), or other doctoral degree.

PRESS "ENTER" TO EXIT HELP _

-H_RACE-

Enter the race as reported by the respondent. If the person reports a race not listed, select "other race" and enter the reported race in the next screen provided.

If more than one race is reported, or the respondent is uncertain, ask "Which race does ... most closely identify with?" and record the race reported. If the respondent is unable to provide a single response, ask the race of the person's mother (if not already reported) and record the race of the person's mother. If the respondent is unable to report a single race for the mother, record the first race originally mentioned for the same person.

PRESS "ENTER" TO EXIT HELP _

-H_ORIGIN-

Enter the origin as reported by the respondent. If the person reports more than one origin, ask him/her to select only one choice. If the person has difficulty selecting only one, determine the origin of the person's mother, and enter that code in the space provided.

PRESS "ENTER" TO EXIT HELP _

-H_SSN-

WHY DOES THE CENSUS BUREAU WANT TO KNOW MY SOCIAL SECURITY NUMBER?

"The Survey of Income and Program Participation collects social security numbers so we can obtain information that was provided to other government agencies. This helps us avoid asking questions for which information is already available and helps ensure the accuracy and completeness of the survey results. We protect administrative records information that we obtain from these agencies from unauthorized use just as the survey responses are protected. Providing your social security number is voluntary."

PRESS "ENTER" TO EXIT HELP _

-H_SPOUSE2-

If the person reports more than one spouse, or reports a spouse of the same sex, this screen will appear.

Resolve the inconsistency.

PRESS "ENTER" TO EXIT HELP _

-H_DAD1-

This screen appears when a person reports having 2 fathers.

PRESS "ENTER" TO EXIT HELP _

-H_MOM1-

This screen appears when a person reports having 2 mothers.

PRESS "ENTER" TO EXIT HELP _

-H_RPDAD-

- o A natural child is the biological child of both the reference person and his/her spouse.
- o An adopted child must have been legally adopted and not be a child of the reference person's spouse.
- o A stepchild is the biological child of the spouse of the reference person.
- o Foster children are placed in a household by a government agency or a representative of a government agency.
- o If the person's child is both step and adopted, answer adopted.

PRESS "ENTER" TO EXIT HELP _

-H_EVRDIV-

If the person has been married but the marriage was annulled, consider the marriage as having never occurred.

PRESS "ENTER" TO EXIT HELP _

-H_SPSSX1-

This question appears if the sex entry for the person's spouse appears to be incorrect.

PRESS "ENTER" TO EXIT HELP _

-H_LNMOM-

If the person's mother is not a member of this household, enter "N" in the space provided. Otherwise, enter the line number of the person's mother in the space provided.

PRESS "ENTER" TO EXIT HELP _

-H_LNDAD-

If the person's father is not a member of this household, enter "N" in the space provided. Otherwise, enter the line number of the person's father in the space provided.

PRESS "ENTER" TO EXIT HELP _

-H_LNGD-

A guardian has legal custody and/or responsibility for a minor child under the age of 18.

PRESS "ENTER" TO EXIT HELP _

-H_CBSSN-

The CAPI instrument will allow you to enter the person's SSN after the interview is completed. You will need to schedule an appointment to call the respondent and collect this information.

PRESS "ENTER" TO EXIT HELP _

-H_CHANGE-

EDUCATION CODES

- | | |
|---|--------------------------------------|
| (31) Less than 1st grade | (44) Bachelors degree |
| (32) 1st,2nd,3rd or 4th grade | (For example: BA, AB, BS) |
| (33) 5th or 6th grade | (45) Master's degree (For example: |
| (34) 7th or 8th grade | MA, MS, MEng, MEd, MSW, MBA) |
| (35) 9th grade | (46) Professional School Degree (For |
| (36) 10th grade | example: MD,DDS,DVM,LLB,JD) |
| (37) 11th grade | (47) Doctorate degree |
| (38) 12th grade, no diploma | (For example: PhD, EdD) |
| (39) HIGH SCHOOL GRADUATE - high school DIPLOMA | |
| or equivalent (For example: GED) | |
| (40) Some college but no degree | |

- (41) Diploma or certificate from a vocational,technical,
trade or business school beyond the High School level
- (42) Associate degree in college - Occupational/vocational program
- (43) Associate degree in college - Academic program

PRESS "SHIFT-F6" TO EXIT HELP

ORIGIN CODES

- (1) Canadian (20) Mexican (30) African-American or
- (2) Dutch (21) Mexican-American Afro-American
- (3) English (22) Chicano (31) American Indian,
- (4) French (23) Puerto Rican Eskimo or Aleut
- (5) French-Canadian (24) Cuban (32) Arab
- (6) German (25) Central American (33) Asian
- (7) Hungarian (26) South American (34) Pacific Islander
- (8) Irish (27) Dominican Republic (35) West Indian
- (9) Italian (28) Other Hispanic
- (10) Polish (39) Another group not listed
- (11) Russian
- (12) Scandinavian (40) American
- (13) Scotch-Irish
- (14) Scottish
- (15) Slovak
- (16) Welsh
- (17) Other European

PRESS "ENTER" TO EXIT HELP _

-3A-

First, I need to know about your current employment status.

Last week, did you do any work for pay?

First, I need to know about [FIRST AND LAST NAME]'s current
employment status.

Last week, did [FIRST AND LAST NAME] do any work for pay?

The next questions are about your work-related activities.

(1) Yes

(2) No

—

-4A-

Last week, did you have a job either full or part-time? Include any job from which you were temporarily absent.

(1) Yes

(2) No

—

-5A-

Last week, were you on layoff from a job?

(1) Yes

(2) No

—

-6A-

Has your employer given you a date to return to work?

(1) Yes

(2) No

—

-7A-

Have you been told that he/she will be recalled to work within the next 6 months?

(1) Yes

(2) No

—

-8A-

The next few questions are about your work-related activities last year, that is, from January to December 1996.

HAND LABOR FORCE ACTIVITY WORKSHEET TO RESPONDENT

Here's a calendar that I'd like for you to fill out as we go through these questions. The calendar shows the 52 weeks of last year. We'll use the calendar to record your work-related activities last year (and the activities of other household members).

When I ask you to mark on it, please make an "X" in the week that the event started and an "X" in the week that the event ended. Then draw a line between the two "X's".

PRESS ENTER _

-9A-

Did you work at a job or business at any time during 1996?

(1) Yes

(2) No

—

-10-

Did you do any temporary, part-time, or seasonal work, even for a few days, in 1996?

(1) Yes

(2) No

—

-11-

Did you spend any time on layoff from a job in 1996?

(1) Yes

(2) No

—

-12-

When you were laid off, did your employer give you a date to return to work?

- (1) Yes
- (2) No

—

-13-

Were you given any indication that you would be recalled to work within 6 months of being laid off?

- (1) Yes
- (2) No

—

-14-

In which month and year were you laid off?

Month: _ Year: _

-15-

Please mark on the calendar the weeks during which you were on layoff in 1996. Refer to the calendar and tell me "from what week number to what week number" for each time period.

ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3 FROM _B4 TO _E4

FROM _B5 TO _E5 FROM _B6 TO _E6 FROM _B7 TO _E7 FROM _B8 TO _E8

_01	_08	_15	_22	_29	_36	_43	_50
_02	_09	_16	_23	_30	_37	_44	_51
_03	_10	_17	_24	_31	_38	_45	_52
_04	_11	_18	_25	_32	_39	_46	
_05	_12	_19	_26	_33	_40	_47	
_06	_13	_20	_27	_34	_41	_48	
_07	_14	_21	_28	_35	_42	_49	

-16-

Did you spend any time looking for work in 1996?

- (1) Yes
- (2) No

—

-17-

Please mark on the calendar the weeks during which you were looking for work.

ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3 FROM _B4 TO _E4

FROM _B5 TO _E5 FROM _B6 TO _E6 FROM _B7 TO _E7 FROM _B8 TO _E8

_01	_08	_15	_22	_29	_36	_43	_50
_02	_09	_16	_23	_30	_37	_44	_51
_03	_10	_17	_24	_31	_38	_45	_52
_04	_11	_18	_25	_32	_39	_46	
_05	_12	_19	_26	_33	_40	_47	
_06	_13	_20	_27	_34	_41	_48	
_07	_14	_21	_28	_35	_42	_49	

18-

What was the main reason you did not work in 1996?

- (1) Ill or disabled
- (2) Retired
- (3) Taking care of home or family
- (4) Going to school
- (5) Could not find work
- (6) Not interested in working at a job
- (7) On layoff
- (8) Other

—

specify: _

-19-

Please mark on the calendar the weeks during 1996 that you did any work at all, even for only a few hours. Please tell me which week(s) you marked.

ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3 FROM _B4 TO _E4

FROM _B5 TO _E5 FROM _B6 TO _E6 FROM _B7 TO _E7 FROM _B8 TO _E8

_01	_08	_15	_22	_29	_36	_43	_50
-----	-----	-----	-----	-----	-----	-----	-----

_02	_09	_16	_23	_30	_37	_44	_51
_03	_10	_17	_24	_31	_38	_45	_52
_04	_11	_18	_25	_32	_39	_46	
_05	_12	_19	_26	_33	_40	_47	
_06	_13	_20	_27	_34	_41	_48	
_07	_14	_21	_28	_35	_42	_49	

-20-

Besides the [REFERENCE PERIOD]weeks during which you worked,
were there any additional weeks during which you took paid vacation or
paid sick leave in 1996?

- (1) Yes
- (2) No

—

-21-

Please mark on the calendar the additional weeks during which you took
vacation or paid sick leave.

ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3 FROM _B4 TO _E4

FROM _B5 TO _E5 FROM _B6 TO _E6 FROM _B7 TO _E7 FROM _B8 TO _E8

_01	_08	_15	_22	_29	_36	_43	_50
_02	_09	_16	_23	_30	_37	_44	_51
_03	_10	_17	_24	_31	_38	_45	_52
_04	_11	_18	_25	_32	_39	_46	
_05	_12	_19	_26	_33	_40	_47	
_06	_13	_20	_27	_34	_41	_48	
_07	_14	_21	_28	_35	_42	_49	

-22-

Did he/she spend any time on layoff from a job in 1996?

- (1) Yes
- (2) No

—

-23-

When you were laid off, did your employer give you a date to return to work?

- (1) Yes
- (2) No

—

-24-

Was he/she given any indication that you would be recalled to work within 6 months of being laid off?

- (1) Yes
- (2) No

—

-25-

Please mark on the calendar the weeks during which you were on layoff in 1996.

ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD;
USE "A"for ALL, "0"to ERASE, "N"for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3 FROM _B4 TO _E4

FROM _B5 TO _E5 FROM _B6 TO _E6 FROM _B7 TO _E7 FROM _B8 TO _E8

_01	_08	_15	_22	_29	_36	_43	_50
_02	_09	_16	_23	_30	_37	_44	_51
_03	_10	_17	_24	_31	_38	_45	_52
_04	_11	_18	_25	_32	_39	_46	
_05	_12	_19	_26	_33	_40	_47	
_06	_13	_20	_27	_34	_41	_48	
_07	_14	_21	_28	_35	_42	_49	

-26-

Did he/she spend any time looking for work in 1996?

- (1) Yes
- (2) No

—

-27-

Please mark on the calendar the weeks during which you were looking for work.

ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD;
USE "A"for ALL, "0"to ERASE, "N"for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3 FROM _B4 TO _E4

FROM _B5 TO _E5 FROM _B6 TO _E6 FROM _B7 TO _E7 FROM _B8 TO _E8

_01	_08	_15	_22	_29	_36	_43	_50
_02	_09	_16	_23	_30	_37	_44	_51
_03	_10	_17	_24	_31	_38	_45	_52
_04	_11	_18	_25	_32	_39	_46	
_05	_12	_19	_26	_33	_40	_47	
_06	_13	_20	_27	_34	_41	_48	
_07	_14	_21	_28	_35	_42	_49	

-28-

What was the main reason you worked fewer than 52 weeks during 1996?

- (1) On layoff
- (2) Ill or disabled
- (3) Taking care of home or family
- (4) Going to school
- (5) Retired
- (6) No work available/Could not find work
- (7) Child care problems
- (8) Vacation
- (9) Didn't want to work
- (10) Other

_ Specify: _

-29-

How many employers did you work for in 1996?

—

-E_REVIEW-

THE FOLLOWING EMPLOYERS HAVE
BEEN LISTED FOR THIS PERSON.

SHOULD ANY EMPLOYERS BE DELETED?

- (1) Yes
- (2) No

—

-E_REVIEW2-

ENTER AS MANY LINE NUMBERS AS
NEEDED OR N" FOR NO MORE.

RE-ENTER THE NUMBER TO "UNDELETE"
A LINE NUMBER.

LINE NUMBER: _

-30-

Think about the weeks that you worked last year.

How many hours did you usually work per week in 1996?

Counting all jobs, how many hours did you usually work per week in 1996?

ENTER NUMBER OF USUAL HOURS WORKED OR "V" IF HOURS VARY.

HOURS WORKED: _

-31-

Did he/she usually work 35 hours or more per week?

(1) Yes

(2) No

_

-32_INTRO-

The following questions refer to your job, the job at which
you worked the most hours in 1996.

PRESS ENTER TO PROCEED _

-32-

Please mark on the calendar next to the line labeled [EMPLOYER'S
NAME] the weeks in 1996 that you worked for this employer.

ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

_01	_08	_15	_22	_29	_36	_43	_50
_02	_09	_16	_23	_30	_37	_44	_51
_03	_10	_17	_24	_31	_38	_45	_52
_04	_11	_18	_25	_32	_39	_46	

_05	_12	_19	_26	_33	_40	_47
_06	_13	_20	_27	_34	_41	_48
_07	_14	_21	_28	_35	_42	_49

-33-

Think about the weeks that you worked for this employer in 1996.
How many hours a week did you usually work for this employer?

ENTER NUMBER OF USUAL HOURS WORKED OR "V"IF HOURS VARY

HOURS: _

-34-

Did he/she usually work 35 hours or more per week at this job?

- (1) Yes
- (2) No

—

-35-

Were you employed by government, by a private company, a non-profit organization, or were you self employed, or working in a family business or farm?

- (1) Government
- (2) Private for profit company
- (3) Non-profit organization (inc. tax exempt and charitable)
- (4) Self employed
- (5) Working in family business or farm

—

-36-

Was that federal, state, or local government?

- (1) Federal
- (2) State
- (3) Local (county, city, township)

—

-37A-

Were you paid for your work in the family business or farm?

- (1) Yes
- (2) No

—

-37B-

Was this business incorporated?

- (1) Yes
- (2) No

—

-38-

In what month and year did you start working for this employer?

In what month and year did you start working for yourself?

In what month and year did you start working in the family business or farm?

MONTH: _

YEAR: _

-39-

What is the main reason you left this job?

- (1) Personal, family (including pregnancy)
- (2) Return to school
- (3) Health, disability
- (4) Retirement

- (5) Temporary, seasonal, or intermittent job completed
- (6) Slack work, business conditions, or laid off
- (7) Unsatisfactory work arrangements (hours, pay, location, etc.)
- (8) Fired from job
- (9) Other

—

specify: _

-40-

After leaving this job, did you apply for unemployment benefits?

- (1) Yes
- (2) No

—

-41-

What was the name of the government agency for which you worked?
 What was the name of the company for which you worked?
 What was the name of the non-profit organization for which you worked?

—

-42-

What was the name of your business?

—

-43-

What was the name of the business for which you worked?

—

-43A-

What was the address?

Street Address: _____

City: _____

State: _____ (H) Help

Zip: _____ - _____

-44-

What kind of business or industry was this?

READ IF NECESSARY: What did they make or do where you worked?

-45-

What kind of work were you doing, as of [LAST MONTH], 1996?

_a

_b

-46-

What were your most important activities or duties on this job?

_a

_b

-47-

SHOW FLASHCARD G

Counting all locations where this employer operates, what is the total number of persons who work for this employer?

Counting all locations where your business operates, what is the total number of persons who work for you?

- (1) Under 10
- (2) 10-24
- (3) 25-49
- (4) 50-99
- (5) 100-499
- (6) 500-999
- (7) 1000 or more

—

-49-

The next few questions are about your earnings last year.

Many people find these questions quicker and easier to answer if they have their records to refer to. Would you like to go get your earnings records such as tax returns, W2 forms, pay stubs, or other earnings information for last year? I don't mind waiting while you go look for them.

- (1) Records used
- (2) Records not used

—

-50-

The next few questions are about your earnings last year.

During 1996, how much did you earn from your business before taxes and other deductions?

During 1996, how much did you earn from the family business or farm before taxes and other deductions?

During 1996, how much did you earn from [EMPLOYER] before taxes and other deductions?

ENTER DOLLAR AMOUNT: \$ _____

READ IF NECESSARY: Is that weekly, every two weeks, twice monthly, monthly, or annually?

- (1) Weekly
- (2) Every two weeks
- (3) Twice monthly
- (4) Monthly
- (5) Quarterly
- (6) Annually

—

-51-

The next few questions are about your earnings last year.

During 1996, what were your total earnings from this business/farm after expenses?

ENTER TOTAL EARNINGS ("0" IF BROKE EVEN OR NEGATIVE DOLLARS IF LOSS)

\$ _____

-52-

Is that before or after taxes?

- (1) Before
- (2) After

—

-53-

How much were your total earnings from this business/farm before taxes?

ENTER TOTAL EARNINGS ("0" IF BROKE EVEN OR NEGATIVE DOLLARS IF LOSS)

\$ _____

-54-

During 1996, how many [FREQUENCY OF PAYMENT] pay periods did you earn \$[CITED DOLLAR AMOUNT] from your business?

During 1996, how many [FREQUENCY OF PAYMENT] pay periods did you earn \$ [CITED DOLLAR AMOUNT] from working in the family business or farm?

During 1996, how many [FREQUENCY OF PAYMENT] pay periods did you earn \$[CITED DOLLAR AMOUNT] from [EMPLOYER]?

NUMBER OF PAY PERIODS: _

-55-

According to my calculations, you earned \$ [TOTAL AMOUNT] dollars altogether before taxes from your business in 1996. Does that sound right?

According to my calculations, you earned \$ [TOTAL AMOUNT] dollars altogether before taxes from working in the family business or farm in 1996. Does that sound right?

According to my calculations, you earned \$ [TOTAL AMOUNT] dollars altogether before taxes from [EMPLOYER] in 1996. Does that sound right?

(1) Yes

(2) No

—

-56-

What is your best estimate of your total earnings before taxes from your business during 1996?

What is your best estimate of your total earnings before taxes from working in the family business or farm during 1996?

What is your best estimate of your total earnings before taxes from [EMPLOYER] during 1996?

ENTER TOTAL EARNINGS ("0" IF BROKE EVEN OR NEGATIVE DOLLARS IF LOSS)

\$ _____

-57-

Does this amount include all tips, bonuses, overtime pay, or commissions you received from your business in 1996?

Does this amount include all tips, bonuses, overtime pay, or commissions you received from working in the family business or farm in 1996?

Does this amount include all tips, bonuses, overtime pay, or commissions you received from [EMPLOYER] in 1996?

(1) Yes

(2) No

—

-58-

How much extra did you earn from tips, bonuses, overtime pay or commissions from your business in 1996?

How much extra did you earn from tips, bonuses, overtime pay or commissions from working in the family business or farm in 1996?

How much extra did you earn from tips, bonuses, overtime pay or commissions from [EMPLOYER] in 1996?

\$_____

-59-

The next few questions are about fringe benefits.

Did this employer offer a pension or other type of retirement plan to any of its employees during 1996?

(1) Yes

(2) No

—

-60-

Did you participate in that plan?

(1) Yes

(2) No

—

-61-

Were you eligible for health insurance coverage through this employer?

(1) Yes

(2) No

—

-62-

Did you participate in that plan?

(1) Yes

(2) No

—

-50_VERIFY-

Amount entered was \$[CITED DOLLAR AMOUNT] [FREQUENCY OF
PAYMENT].

Is this correct? (1) Yes (2) No _

-51_VERIFY-

Amount entered was \$ [TOTAL EARNINGS]

Is this correct? (1) Yes (2) No _

-53_VERIFY-

Amount entered was \$ [TOTAL EARNINGS]

Is this correct? (1) Yes (2) No _

-56_VERIFY-

Amount entered was \$ [TOTAL EARNINGS]

Is this correct? (1) Yes (2) No _

-58_VERIFY-

Amount entered was #[CITED DOLLAR AMOUNT] [FREQUENCY OF
PAYMENT]

Is this correct? (1) Yes (2) No _

-SKIP_EE-

Do you want to skip [FIRST AND LAST NAME] at this time?

- (1) Yes, continue
- (2) No, back to previous item

-LN_MSG-

INTERVIEWER: You cannot enter "N" before entering any line numbers.

(1) _

-LN_MSG2-

INTERVIEWER: Cannot enter "D" or "R" after entering line numbers.

(1) _

-LN_MSG3-

INTERVIEWER: Cannot enter "D" or "R" or "A" after entering line numbers.

(1) _

-200-

FLASHCARD H

The next few questions are about income other than earnings that you may have received.

This is a list of different sources of unemployment compensation payments. Did you receive any unemployment compensation payments at any time during 1996?

- (1) Yes
- (2) No

—

-201-

Who received these payments?

(INCOME TYPE: Unemployment compensation)

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-202-

What type of unemployment compensation payments did you receive?

Was it State unemployment compensation, supplemental unemployment benefits, or something else such as strike pay or union benefits?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": _
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

- _1 (1) State unemployment compensation
- _2 (2) Supplemental unemployment benefits
- _3 (3) Other (such as strike pay, union benefits,
Trade Adjustment Act benefits)

-203-

SHOW FLASHCARD I

This is a list of different types of Worker's Compensation payments.
During 1996 did you receive any Worker's Compensation payments or
other payments as a result of a job-related injury or illness?

- (1) Yes
- (2) No

—

-204-

Who received these payments?

(INCOME TYPE: Worker's compensation payments)

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-205-

What was the source of your payments? Was it State Worker's Compensation, your employer or your employer's insurance, your own insurance, or some other source?

- (1) State Worker's Compensation
- (2) Employer or employer's insurance
- (3) Own insurance
- (4) Other

—

-206-

During 1996 did you receive any Social Security payments?

- (1) Yes
- (2) No

—

-207-

Who received these payments?

(INCOME TYPE: Social Security)

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-208-

During 1996, did you receive any separate Social Security payments on behalf of [CHILDNAME]?

- (1) Yes
- (2) No

—

-209-

Who received these payments on behalf of [CHILDNAME]?

(INCOME TYPE: Social Security payments for children)

LINE NUMBER OF PERSON
WHO RECEIVES PAYMENT: _

-210-

Which children were covered by these payments?

(INCOME TYPE: Social Security payments for children)

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-211-

In addition to the payments received on behalf of [CHILDNAME],
did you also receive separate Social Security payments for yourself?

- (1) Yes
- (2) No

—

-212-

Supplemental Security Income, also called SSI, is a federal program
to provide money to low-income elderly and low-income disabled persons.
During 1996, did you receive SSI?

- (1) Yes
- (2) No

—

-213-

Who received these payments?

(INCOME TYPE: Supplemental Security Income)

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-214-

During 1996, did you receive any separate SSI payments on behalf of
[CHILDNAME]?

- (1) Yes
- (2) No

—

-215-

Who received SSI payments on behalf of [CHILDNAME]?

LINE NUMBER OF PERSON
WHO RECEIVES PAYMENT: _

-216-

Which children were covered by these payments?

(INCOME TYPE: Supplemental Security Income for children)

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-217-

In addition to the payments received on behalf of [CHILDNAME],
did you also receive separate Supplemental Security Income payments
for yourself?

- (1) Yes
- (2) No

—

-218-

Did you get food stamps at any time during 1996?

- (1) Yes
- (2) No

-219-

Which people now living here were
covered by food stamps during 1996?

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "A" FOR ALL HH MEMBERS OR "N" FOR
NO MORE. RE-ENTER THE NUMBER TO
"UNMARK" A LINE NUMBER.

LINE NUMBER: _

-220-

During 1996, were you on any of the following programs:

AFDC	(1) Yes	(2) No	_A
WIC	(1) Yes	(2) No	_B
Foster Child Care	(1) Yes	(2) No	_C
General Assistance	(1) Yes	(2) No	_D
Other welfare	(1) Yes	(2) No	_E

-221A-

Who received AFDC?

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-221B-

Which adults received WIC either
for themselves or on behalf of the
children? (PROBE: Anyone else?)

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-221C-

Which children, if any, were
covered by WIC?

ENTER AS MANY LINE NUMBERS AS NEEDED.
RE-ENTER THE NUMBER TO "UNMARK" A
LINE NUMBER.

ENTER "N" IF NO CHILDREN COVERED OR
NO MORE CHILDREN COVERED

LINE NUMBER: _

-221D-

Who received Foster Child Care
payments? (PROBE: Anyone else?)

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-221E-

Who received General Assistance?
(PROBE: Anyone else?)

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-221F-

Who received other welfare?
(PROBE: Anyone else?)

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-223-

During 1996, did [CHILDNAME] receive free or reduced-price meals
at school through the Federal School Lunch or Breakfast Programs?

- (1) Yes
- (2) No

-225-

Which children received free or
reduced-price lunches or breakfasts?

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-228-

Has this household received any energy assistance in the past 12 months,
that is since the current month/last year?

- (1) Yes
- (2) No

-229-

SHOW FLASHCARD J

This is a list of different types of Veterans' payments. At any time during 1996 did you receive any Veterans' (VA) payments?

At any time during 1996 did anyone in this household receive any Veterans' (VA) payments?

(1) Yes

(2) No

-230-

Who received these payments?

(INCOME TYPE: Veterans' payments)

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-231-

What type of Veterans' payments did you receive?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": _
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

- _1 Service-connected disability
- _2 Survivor benefits
- _3 Veterans' pension
- _4 Educational assistance
- _5 Other Veterans' payments

-232-

Are you required to fill out an annual income questionnaire for the Department of Veterans' Affairs?

- (1) Yes
- (2) No

—

-233-

SHOW FLASHCARD K

This is a list of survivor's benefits. Other than Social Security, did [YOU/ANYONE IN THE HOUSEHOLD] receive any income in 1996 as a survivor or widow from pensions, estates, trusts, annuities, or any other survivor benefits?

This is a list of survivor's benefits. Other than Social Security and VA benefits, did [YOU/ANYONE IN THE HOUSEHOLD] receive any income in 1996 as a survivor or widow from pensions, estates, trusts, annuities, or any other survivor benefits?

This is a list of survivor's benefits. Other than VA benefits, did [YOU/ANYONE IN THE HOUSEHOLD] receive any income in 1996 as a survivor or widow from pensions, estates, trusts, annuities, or any other survivor benefits?

This is a list of survivor's benefits. Did [YOU/ANYONE IN THE HOUSEHOLD] receive any income as a survivor or widow from pensions, estates, trusts, annuities, or any other survivor benefits?

- (1) Yes
- (2) No

—

-234-

Who received this income?

(INCOME TYPE: Survivor's Benefits)

ENTER AS MANY LINE NUMBERS AS NEEDED

OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-235-

What was the source of this income for you?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": _
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

- _1 Company or union survivor pension
- _2 Federal Government pension
- _3 U.S. Military retirement survivor pension
- _4 State or Local government survivor pension
- _5 U.S. railroad retirement survivor pension
- _6 Worker's compensation survivor pension
- _7 Black Lung survivor pension
- _8 Regular payments from estates or trusts
- _9 Regular payments from annuities or paid-up insurance policies
- _10 Other

-236A-

Do [YOU/ANYONE IN THE HOUSEHOLD] have a physical,
mental, or other health condition that prevents you from working?

- (1) Yes
- (2) No

—

-236B-

Is it likely that you will be able to work at some time in the next 12 months?

- (1) Yes
- (2) No

—

-236BC-

Do you have a physical, mental or other health condition that limits the kind or amount of work you can do?

(1) Yes

(2) No

—

-237-

Who is that?

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-237B-

Is it likely that you will be able to work at some time in the next 12 months?

(1) Yes

(2) No

—

-238-

Did [YOU/ANYONE IN THE HOUSEHOLD] ever retire or leave a job for health reasons?

(1) Yes

(2) No

—

-239-

ENTER AS MANY LINE NUMBERS AS NEEDED

OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-240-

SHOW FLASHCARD L

This is a list of disability income. Other than the sources of income
you have already reported, did you receive any other income in 1996
as a result of your health condition?

- (1) Yes
- (2) No

-241-

What was the source of this income for you?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": _
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

- _1 Company or union disability
- _2 Federal Government (Civil Service) disability
- _3 U.S. Military retirement disability
- _4 State or Local government employee disability
- _5 U.S. Railroad retirement disability
- _6 Accident or disability insurance
- _7 Black Lung miner's disability
- _8 State temporary sickness
- _9 Other specify: _

-242-

SHOW FLASHCARD M

This is a list of retirement income. Other than Social Security, did
[YOU/ANYONE IN THIS HOUSEHOLD] receive any pension or
retirement income from a previous employer or union, or any other

type of retirement income during 1996?

This is a list of retirement income. Other than Social Security and VA benefits, did [YOU/ANYONE IN THE HOUSEHOLD] receive any pension or retirement income from a previous employer or union, or any other type of retirement income during 1996.

This is a list of retirement income. Other than VA benefits, did [YOU/ANYONE IN THE HOUSEHOLD] receive any pension or retirement income from a previous employer or union, or any other type of retirement income during 1996.

This is a list of retirement income. Did [YOU/ANYONE IN THE HOUSEHOLD] receive any pension or retirement income from a previous employer or union, or any other type of retirement income during 1996?

(1) Yes

(2) No

—

-243-

Who received this income?

(INCOME TYPE: Pension or retirement)

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-244-

What was the source of this income for you?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": __
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

- _1 Company or union pension (inc profit sharing)
- _2 Federal Government (Civil Service) retirement
- _3 U.S. Military retirement
- _4 State or Local government pension

- _5 U.S. Railroad Retirement
- _6 Regular payments from annuities or paid up insurance policies
- _7 Regular payments from IRA, KEOGH, or 401 (k)
- _8 Other sources

_____ SP

-246-

At any time during 1996, did you have:

Money in any kind of savings account, interest-earning checking account or money market fund?

(1) Yes

(2) No

—

-247-

Any other investment that pays interest such as bonds, treasury notes, or certificates of deposit?

- (1) Yes
- (2) No

—

-248-

Which members of this household
had interest-earning accounts?

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-249-

At any time during 1996, did you own:

Any mutual fund shares?

- (1) Yes
- (2) No

—

Any shares of stock in corporations?

- (1) Yes
- (2) No

—

-250-

Which members of this household
owned mutual funds or shares of
stock?

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-251-

During 1996 did you:

Own any properties that were rented to others such as houses,
apartments, business properties, or land?

- (1) Yes
- (2) No

—

Receive rental income from roomers or boarders?

- (1) Yes
- (2) No

—

-253-

Who received rental income?

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-254-

During 1996, did you receive any income from royalties?

- (1) Yes
- (2) No

-255-

Who received this income?

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-256-

Besides income received as a survivor, did you receive any other
income from estates or trusts in 1996?

Did you receive income from estates or trusts in 1996?

- (1) Yes
- (2) No

-257-

Who received this income?

ENTER AS MANY LINE NUMBERS AS NEEDED

OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-258-

During 1996 did you receive any alimony payments?

(1) Yes

(2) No

—

-259-

Who received these payments during 1996?

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-260-

Did you receive any child support payments in 1996?

(1) Yes

(2) No

—

-261-

Who received child support payments?

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER OF PARENT OR GUARDIAN
WHO RECEIVES PAYMENT: _

-262-

During 1996, did you receive any financial assistance on a regular
basis from friends or relatives not living in this household? Do
not include loans.

- (1) Yes
- (2) No

—

-263-

Who received this income?

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-264-

SHOW FLASHCARD N

This is a list of other sources of income you may have received.
During 1996, did you receive any of the following types of income:

READ LIST

National Guard or Reserve pay	(1) Yes (2) No	__ A
Casual earnings from a side business or hobby	(1) Yes (2) No	__ B
Interest in a farm	(1) Yes (2) No	__ C
Lump sum payment (for example, inheritance, insurance settlement, capital gains)	(1) Yes (2) No	__ D
Income assistance from a charitable group	(1) Yes (2) No	__ E
Any other sources of income	(1) Yes (2) No	__ F

-266A-

Who received National Guard or
Reserve pay?

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-266B-

Who received casual earnings from
a side business or hobby?

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-266C-

Who received income from a farm?

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: __

-266D-

Who received income from a lump
sum payment?

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _

-266E-

Who received income assistance
from a charitable group?

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: __

-266F-

Who received other income that
has not already been reported?

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: __

-266G-

What was the source of your other income?

—

-300-

I have recorded that you received the following types of income
in 1996.

Have I listed anything that should not be there?

- (1) Yes
- (2) No

—

-301-

READ IF NECESSARY: Which should be deleted?

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE.
RE-ENTER THE NUMBER TO "UNDELETE" A LINE NUMBER.

LINE NUMBER: __

-303-

SHOW FLASHCARD O

Which is the easiest way for you to report your employment compensation payments in 1996: weekly, every two weeks, twice monthly, monthly or annually?

- (1) Weekly
 - (2) Every two weeks
 - (3) Twice monthly
 - (4) Monthly
 - (5) Annually
-

-304-

How much did you receive weekly in unemployment compensation payments during 1996?

How much did you receive every two weeks in unemployment compensation payments during 1996?

How much did you receive twice monthly in unemployment compensation payments during 1996?

How much did you receive monthly in unemployment compensation payments during 1996?

How much did you receive annually in unemployment compensation payments during 1996?

AMOUNT: \$ _____

-305A-

During which weeks of 1996 did you receive in unemployment compensation payments? Please tell me "from what week number to what week number" for each time period.

ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3 FROM _B4 TO _E4

FROM _B5 TO _E5 FROM _B6 TO _E6 FROM _B7 TO _E7 FROM _B8 TO _E8

_01	_08	_15	_22	_29	_36	_43	_50
_02	_09	_16	_23	_30	_37	_44	_51
_03	_10	_17	_24	_31	_38	_45	_52
_04	_11	_18	_25	_32	_39	_46	
_05	_12	_19	_26	_33	_40	_47	
_06	_13	_20	_27	_34	_41	_48	
_07	_14	_21	_28	_35	_42	_49	

-305B-

Please look at the calendar and tell me during which months in 1996
you received unemployment compensation payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _E6

_1	JAN	_7	JUL
_2	FEB	_8	AUG
_3	MAR	_9	SEP
_4	APR	_10	OCT
_5	MAY	_11	NOV
_6	JUN	_12	DEC

-306-

According to my calculations you received \$_____ dollars in 1996. Does that sound right?

- (1) Yes
- (2) No

-307-

What is your best estimate of the total amount
you received in unemployment compensation payments
in 1996?

AMOUNT: \$

-308-

Which is the easiest way for you to report your Worker's
Compensation payments in 1996: weekly, every two weeks,
twice monthly, monthly, or annually?

- (1) Weekly
- (2) Every two weeks
- (3) Twice monthly
- (4) Monthly
- (5) Annually

-309-

How much did you receive weekly in Worker's Compensation during 1996?
How much did you receive every two weeks in Worker's Compensation
during 1996?
How much did you receive twice monthly in Worker's Compensation
during 1996?
How much did you receive monthly in Worker's Compensation during
1996?
How much did you receive annually in Worker's Compensation during
1996?

AMOUNT: \$

-310A-

During which weeks of 1996 did you receive Worker's Compensation payments?

Please tell me "from what week number to what week number" for each time period.

ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD;
USE "A"for ALL; "0" to ERASE; "N" for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3 FROM _B4 TO _E4

FROM _B5 TO _E5 FROM _B6 TO _E6 FROM _B7 TO _E7 FROM _B8 TO _E8

_01	_08	_15	_22	_29	_36	_43	_50
_02	_09	_16	_23	_30	_37	_44	_51
_03	_10	_17	_24	_31	_38	_45	_52
_04	_11	_18	_25	_32	_39	_46	
_05	_12	_19	_26	_33	_40	_47	
_06	_13	_20	_27	_34	_41	_48	
_07	_14	_21	_28	_35	_42	_49	

-310B-

Please look at the calendar and tell me which months in 1996
you received Worker's Compensation payments?
[fill FULLNAME] received Worker's Compensation payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE.

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _E6

_1	JAN	_7	JUL
_2	FEB	_8	AUG
_3	MAR	_9	SEP
_4	APR	_10	OCT
_5	MAY	_11	NOV
_6	JUN	_12	DEC

-311-

According to my calculations you received \$ _____ in 1996.
Does that sound right?

- (1) Yes
- (2) No

-312-

What is your best estimate of the total amount
you received in Worker's Compensation payments in 1996?

AMOUNT: \$

-314-

Earlier you told me that you received Social Security payments
for [YOURSELF] and also received payments on
behalf of [YOUR] [CHILD]. First, I'd like to
know about the Social Security payments you received for [YOURSELF].
Did you receive Social Security benefits jointly with [YOUR]
[SPOUSE]?

- (1) Yes
- (2) No

-315-

Earlier you told me that you received Social Security payments
for [YOURSELF] First, I'd like to know about the Social Security
payments you received for [YOURSELF].

Is it easier for you to report your joint Social Security
payments received during 1996, monthly or annually?

- (1) Monthly
- (2) Annually

-316-

How much did you receive in joint payments each month in 1996?
How much did you receive in joint payments in 1996?

How much did you receive each month in 1996?
How much did you receive in 1996?

AMOUNT: \$

-317-

Is this amount before or after the Medicare deduction?

- (1) Before
- (2) After

—

-318-

During which months in 1996 did you receive Social Security payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _E6

_1	JAN	_7	JUL
_2	FEB	_8	AUG
_3	MAR	_9	SEP
_4	APR	_10	OCT
_5	MAY	_11	NOV
_6	JUN	_12	DEC

-319-

According to my calculations you received [AMOUNT] dollars
in joint Social Security payments in 1996. Does that sound right?

- (1) Yes
- (2) No

—

-320-

What is your best estimate of the total amount you received
in joint Social Security payments in 1996?

What is your best estimate of the total amount you received
in Social Security payments in 1996?

AMOUNT: \$

-322-

Now I'd like to know about the separate Social Security payments you received on behalf of [YOUR] [CHILD]. Is it easier for you to report these payments during 1996 monthly or annually?

- (1) Monthly
- (2) Annually

—

-323-

During 1996, how much did you receive each month for [YOUR] [CHILD]?
During 1996, how much did you receive in total for [YOUR] [CHILD]?

AMOUNT: \$

-324-

During which months in 1996 did you receive separate Social Security separate Social Security payments for [YOUR] [CHILD]?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL. "0" to ERASE, "N" for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _E6

_1 JAN	_7 JUL
_2 FEB	_8 AUG
_3 MAR	_9 SEP
_4 APR	_10 OCT
_5 MAY	_11 NOV
_6 JUNE	_12 DEC

According to my calculations you received [AMOUNT] dollars

for [YOUR] [CHILD] in this household in 1996. Does that sound right?

- (1) Yes
- (2) No

—

-326-

What is your best estimate of the total amount you received in 1996?

AMOUNT: \$

-327-

Earlier you told me that you received Supplemental Security Income for [YOURSELF] and also received payments on behalf of [YOUR] [CHILD]. First, I'd like to know about the SSI payment you received for [YOURSELF].

Is it easier for you to report your SSI payments received during 1996 monthly or annually?

- (1) Monthly
- (2) Annually

—

-328-

Including both Federal and State SSI, how much did you receive receive each month in 1996?

Including both Federal and State SSI, how much did you receive in total in 1996?

AMOUNT: \$

-329-

During which months in 1996 did you receive Supplemental Security Income?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE; "N" for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _E6

_1	JAN	_7	JUL
_2	FEB	_8	AUG
_3	MAR	_9	SEP
_4	APR	_10	OCT
_5	MAY	_11	NOV
_6	JUN	_12	DEC

-331-

According to my calculations you received [AMOUNT] dollars from Supplemental Security Income in 1996. Does that sound right?

- (1) Yes
- (2) No

—

-332-

What is your best estimate of the total amount

AMOUNT: \$

-333-

Now I'd like to know about the separate Supplement Security Income payments you received on behalf of [YOUR] [CHILD]. Is it easier for you to report these payments during 1996 monthly or annually?

- (1) Monthly
- (2) Annually

—

-334-

How much did you receive monthly in Supplemental Security Income
for [YOUR] [CHILD] in 1996?

AMOUNT: \$

-335-

During which months of 1996 did you receive

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _E6

_1 JAN	_7 JUL
_2 FEB	_8 AUG
_3 MAR	_9 SEP
_4 APR	_10 OCT
_5 MAY	_11 NOV
_6 JUN	_12 DEC

-337-

According to my calculations you received [AMOUNT] dollars
in Supplemental Security Income for [YOUR] [CHILD] in
1996. Does that sound right?

- (1) Yes
- (2) No

—

-338-

What is your best estimate of the total amount
you received in 1996?

AMOUNT: \$

-339-

During which months in 1996 did you receive food stamps?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _E6

_1	JAN	_7	JUL
_2	FEB	_8	AUG
_3	MAR	_9	SEP
_4	APR	_10	OCT
_5	MAY	_11	NOV
_6	JUN	_12	DEC

-340-

Is it easier for you to report the amount of food stamps
your household received in 1996 monthly or annually?

- (1) Monthly
- (2) Annually

—

-341-

Were the monthly payments your household received in
1996 all the same amount, or did the amount change?

- (1) Same amount each month
- (2) Amount changed

-342-

How much did your household receive each month in 1996?
How much did your household receive in total in 1996?

AMOUNT: \$

-343-

I need to know the different amounts that you received
and for how many months you received each amount.
During 1996, what was the first amount you received?

AMOUNT: \$ _____ A

READ IF NECESSARY: How many months did you receive
that amount?

_____ B

-345-

What was the second amount you received?

AMOUNT: \$ _____ A

READ IF NECESSARY: How many months did you receive that amount?

_____ B

-347-

What was the third amount you received?

AMOUNT: \$ _____A

READ IF NECESSARY: How many months did you receive that amount?

_____ B

-349-

According to my calculations you received [AMOUNT] dollars
in food stamps in 1996. Does that sound right?

(1) Yes

(2) No

—

-350-

What is your best estimate of the total amount you
received in food stamps in 1996?

AMOUNT: \$

-352-

During which months in 1996 did you receive AFDC?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE; "N" for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _E6

_1	JAN	_7	JUL
_2	FEB	_8	AUG
_3	MAR	_9	SEP
_4	APR	_10	OCT
_5	MAY	_11	NOV
_6	JUN	_12	DEC

-353-

Is it easier for you to report your AFDC payments monthly or annually?

- (1) Monthly
- (2) Annually

—

-354-

Were the monthly payments you received in 1996

- (1) Same amount each month
- (2) Amount changed

—

-355-

How much did you receive each month in AFDC payments in 1996?
Do not include AFDC passthroughs or any AFDC bonuses received.

AMOUNT: \$

-356-

I need to know the different amounts that you received
each amount during 1996.

What was the first amount you received?

AMOUNT: \$ _____ A

READ IF NECESSARY: How many months did you receive
that amount?

_____ B

-358-

What was the second amount you received?

AMOUNT: \$ _____ A

READ IF NECESSARY: How many months did you receive
that amount?

_____ B

-360-

What was the third amount you received?

AMOUNT: \$ _____ A

READ IF NECESSARY: How many months did you receive
that amount?

_____ B

-363-

According to my calculations you received [AMOUNT] dollars
in AFDC payments in 1996,excluding AFDC passthroughs or AFDC
bonuses. Does that sound right?

(1) Yes

(2) No

—

-364-

What is your best estimate of the total amount
you received in 1996?

AMOUNT: \$

-365-

During which months in 1996 did you receive WIC?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _E6

_1 JAN	_7 JUL
_2 FEB	_8 AUG
_3 MAR	_9 SEP
_4 APR	_10 OCT
_5 MAY	_11 NOV
_6 JUN	_12 DEC

-366-

During which months in 1996 did you receive Foster Child Care payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE; "N" for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _E6

_1 JAN	_7 JUL
_2 FEB	_8 AUG

_3	MAR	_9	SEP
_4	APR	_10	OCT
_5	MAY	_11	NOV
_6	JUN	_12	DEC

-367-

Is it easier for you to report your Foster Child Care payments
in 1996 monthly or annually?

- (1) Monthly
- (2) Annually

—

-369-

Were the monthly payments you received in 1996
all the same amount, or did the amount change?

- (1) Same amount each month
- (2) Amount changed

—

-370-

How much did you receive each month in Foster Child Care payments
in 1996?

How much did you receive in Foster Child Care payments in 1996?

AMOUNT: \$

-371-

I need to know the different amounts that you received
each amount during 1996.

What was the first amount you received?

AMOUNT: \$ _____A

READ IF NECESSARY: How many months did [fill HESHE] receive
that amount?

_____B

-373-

What was the second amount you received?

AMOUNT: \$ _____ A

READ IF NECESSARY: How many months did you receive
that amount?

_____ B

-375-

What was the third amount you received?

AMOUNT: \$ _____A

READ IF NECESSARY: How many months did you receive
that amount?

_____B

-378-

According to my calculations you received [AMOUNT] dollars
in Foster Child Care payments in 1996. Does that sound right?

(1) Yes

(2) No

—

-379-

What is your best estimate of the total amount
you received in 1996?

AMOUNT: \$

-380-

During which months in 1996 did you receive General Assistance payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE; "N" for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _E6

___ 1	JAN	___ 7	JUL
___ 2	FEB	___ 8	AUG
___ 3	MAR	___ 9	SEP
___ 4	APR	___ 10	OCT
___ 5	MAY	___ 11	NOV
___ 6	JUN	___ 12	DEC

-381-

Is it easier for you to report your General Assistance payments
in 1996 monthly or annually?

- (1) Monthly
- (2) Annually

—

-382-

Were the monthly payments you received in 1996

- (1) Same amount each month
- (2) Amount changed

—

-383-

How much did you receive each month in General Assistance
payments in 1996?

How much did you receive in General Assistance payments in 1996?

AMOUNT: \$ _____

-384-

I need to know the different amounts that you received
each amount during 1996. What was the first amount you received?

AMOUNT: \$ _____A

READ IF NECESSARY: How many months did [fill HESHE] receive
that amount?

_____B

-386-

What was the second amount you received?

AMOUNT: \$ _____A

READ IF NECESSARY: How many months did [fill HESHE] receive
that amount?

_____B

-388-

What was the third amount you received?

AMOUNT: \$ _____A

READ IF NECESSARY: How many months did [fill HESHE] receive
that amount?

_____B

-391-

According to my calculations you received [AMOUNT] dollars
in General Assistance payments in 1996.

Does that sound right?

(1) Yes

(2) No

—

-392-

What is your best estimate of the total amount
you received in 1996?

AMOUNT: \$ _____

-393-

During which months in 1996 did you receive other welfare payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _E6

—

- (1) Monthly
- (2) Annually

—

-395-

Were the monthly payments you received in 1996
all the same amount, or did the amount change?

- (1) Same amount each month
- (2) Amount changed

—

-396-

How much did you receive each month in other welfare payments in 1996?
How much did you receive in other welfare payments in 1996?

AMOUNT: \$ _____

-397-

I need to know the different amounts that you received each amount during 1996.
What was the first amount you received?

AMOUNT: \$ _____ A

READ IF NECESSARY: How many months did [fill HESHE] receive
that amount?

_____ B

-399-

What was the second amount you received?

AMOUNT: \$ _____A

READ IF NECESSARY: How many months did [fill HESHE] receive that amount?

_____B

-401-

What was the third amount you received?

AMOUNT: \$ _____A

READ IF NECESSARY: How many months did [fill HESHE] receive that amount?

_____B

-404-

According to my calculations you received
[AMOUNT] dollars in other welfare payments in 1996.
Does that sound right?

- (1) Yes
- (2) No

—

-405-

What is your best estimate of the total amount
you received in 1996?

AMOUNT: \$ _____

-405A-

How much has this household received in energy assistance in the past 12 months, that is, since [CURRENT MONTH] [LASTYEAR]?

AMOUNT: \$ _____

-406-

Is it easier for you to report your Veterans' payments monthly or annually?

- (1) Monthly
- (2) Annually

—

-407-

Excluding educational assistance, how much did you receive monthly in Veterans' payments in 1996?

AMOUNT: \$ _____

-408-

During which months in 1996 did you receive
Veterans' payments excluding educational assistance?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO E6

___1	JAN	___7	JUL
___2	FEB	___8	AUG
___3	MAR	___9	SEP
___4	APR	___10	OCT
___5	MAY	___11	NOV
___6	JUN	___12	DEC

-409-

According to my calculations you received [AMOUNT] dollars
from Veterans' payments in 1996 excluding educational assistance.
According to my calculations you received [AMOUNT] dollars
from Veterans' payments in 1996.
Does that sound right?

- (1) Yes
- (2) No

—

-410-

What is your best estimate of the total amount
you received in 1996 excluding educational assistance?

AMOUNT: \$ _____

-411-

Is it easier for you to report your [NAME OF INCOME SOURCE]
payments monthly or annually?

- (1) Monthly
- (2) Annually

—

-412-

How much did you receive monthly in 1996?

(INCOME SOURCE: [NAME OF INCOME SOURCE])

AMOUNT: \$

-413-

During which months in 1996 did you receive these payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A for ALL, "0 to ERASE, "N for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _E6

___ 1	JAN	___ 7	JUL
___ 2	FEB	___	

-415-

According to my calculations you received
[AMOUNT] dollars from [NAME OF INCOME SOURCE] in 1996.
Does that sound right?

- (1) Yes
- (2) No

—

-416-

What is your best estimate of the total amount
you received in 1996?

(INCOME SOURCE: [NAME OF INCOME SOURCE])

AMOUNT: \$ _____

-417-

Is it easier for you to report your [NAME OF INCOME SOURCE]
payments in 1996 monthly or annually?

- (1) Monthly
- (2) Annually

—

-418-

How much did you receive monthly in 1996?
(INCOME SOURCE: [NAME OF INCOME SOURCE])

AMOUNT: \$ _____

-419-

During which months in 1996 did you receive these payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A for ALL, "0 to ERASE, "N for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _E6

___1	JAN	___7	JUL
___2	FEB	___8	AUG
___3	MAR	___9	SEP
___4	APR	___10	OCT
___5	MAY	___11	NOV
___6	JUN	___12	DEC

-420-

According to my calculations you received [AMOUNT] dollars
from [NAME OF INCOME SOURCE].

Does that sound right?

- (1) Yes
- (2) No

—

-421-

What is your best estimate of the total amount
you received in 1996?

(INCOME SOURCE: [NAME OF INCOME SOURCE])

AMOUNT: \$ _____

-422-

Is it easier for you to report your [NAME OF INCOME SOURCE]
payments in 1996 monthly or annually?

- (1) Monthly
- (2) Annually

—

-423-

How much did you receive monthly in 1996?
How much did you receive in 1996?

(INCOME SOURCE: [NAME OF INCOME SOURCE])

AMOUNT: \$

-424-

During which months in 1996 did you receive these payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A for ALL, "0 to ERASE, "N for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _E6

___ 1	JAN	___ 7	JUL
___ 2	FEB	___ 8	AUG
___ 3	MAR	___ 9	SEP
___ 4	APR	___ 10	OCT
___ 5	MAY	___ 11	NOV
___ 6	JUN	___ 12	DEC

-425-

According to my calculations you received
[AMOUNT] dollars from [NAME OF INCOME SOURCE] in 1996.
Does that sound right?

- (1) Yes
- (2) No

—

-426-

What is your best estimate of the total amount
you received in 1996?

(INCOME SOURCE: [NAME OF INCOME SOURCE])

AMOUNT: \$ _____

-427-

Is it easier for you to report your
payments in 1996 monthly or annually?

- (1) Monthly
- (2) Annually

—

-428-

How much did you receive monthly in 1996?
How much did you receive in 1996?

(INCOME SOURCE: [NAME OF INCOME SOURCE])

AMOUNT: \$ _____

-429-

During which months in 1996 did you receive these payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A for ALL, "0 to ERASE, "N for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _E6

___ 1	JAN	___ 7	JUL
___ 2	FEB	___ 8	AUG
___ 3	MAR	___ 9	SEP
___ 4	APR	___ 10	OCT
___ 5	MAY	___ 11	NOV
___ 6	JUN	___ 12	DEC

-431-

According to my calculations you received
[AMOUNT] dollars from [NAME OF INCOME SOURCE] in 1996. Does that
sound right?

- (1) Yes
- (2) No

—

-432-

What is your best estimate of the total amount
you received in 1996?

(INCOME SOURCE: [NAME OF INCOME SOURCE])

AMOUNT: \$ _____

-433-

Is it easier for you to report your [NAME OF INCOME SOURCE]
in 1996 monthly or annually?

- (1) Monthly
- (2) Annually

—

-434-

How much did you receive monthly in 1996?
How much did you receive in 1996?

(INCOME SOURCE: [NAME OF INCOME SOURCE])

AMOUNT: \$ _____

-435-

During which months in 1996 did you receive these payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A for ALL, "0 to ERASE, "N for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _E6

___ 1	JAN	___ 7	JUL
___ 2	FEB	___ 8	AUG
___ 3	MAR	___ 9	SEP
___ 4	APR	___ 10	OCT
___ 5	MAY	___ 11	NOV
___ 6	JUN	___ 12	DEC

-436-

According to my calculations you received
[AMOUNT] dollars from [NAME OF INCOME SOURCE]
in 1996. Does that sound right?

- (1) Yes
- (2) No

—

-437-

What is your best estimate of the total amount
you received in 1996?

(INCOME SOURCE: [NAME OF INCOME SOURCE])

AMOUNT: \$ _____

-438-

Is it easier for you to report your
[NAME OF INCOME SOURCE] payments in 1996
monthly or annually?

- (1) Monthly
- (2) Annually

—

-439-

How much did you receive monthly in 1996?

(INCOME SOURCE: [NAME OF INCOME SOURCE])

AMOUNT: \$ _____

-440-

During which months in 1996 did you receive these payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A for ALL, "0 to ERASE, "N for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _E6

___ 1	JAN	___ 7	JUL
___ 2	FEB	___ 8	AUG
___ 3	MAR	___ 9	SEP
___ 4	APR	___ 10	OCT
___ 5	MAY	___ 11	NOV
___ 6	JUN	___ 12	DEC

-441-

According to my calculations you received
[AMOUNT] dollars from [NAME OF INCOME SOURCE] in 1996.
Does that sound right?

- (1) Yes
- (2) No

—

-442-

What is your best estimate of the total amount you received in 1996?

(INCOME SOURCE: [NAME OF INCOME SOURCE])

AMOUNT: \$ _____

-445-

Earlier you told me that you had interest-earning accounts such as a savings or interest-earnings checking account, money market fund, bonds, treasury notes, certificates of deposit or other investments that pay interest.

Did you own any of these jointly with [YOUR] [SPOUSE]?

(1) Yes

(2) No

-446-

How much did you receive IN INTEREST from these jointly-held accounts during 1996, including even small amounts credited to accounts?

AMOUNT: \$ _____

-447-

What is your best estimate of the AVERAGE AMOUNT that you and [YOUR] [SPOUSE] had in these jointly-held accounts during 1996?

AMOUNT: \$ _____

-448-

Did you have any other interest-earning accounts in [YOUR] name only?

(1) Yes

(2) No

—

-449-

Earlier you told me that you had interest-earning accounts such

as a savings or interest-earnings checking account, money market fund, bonds, treasury notes, certificates of deposit or other investments that pay interest.

How much did you receive IN INTEREST from these sources during 1996, including even small amounts credited to accounts?

AMOUNT: \$ _____

-450-

What is your best estimate of the AVERAGE AMOUNT that you had in these accounts during 1996?

AMOUNT: \$ _____

-454-

Earlier you told me that you owned mutual funds or shares of stock. Did you own any mutual funds or stocks jointly with [YOUR] [SPOUSE]?

- (1) Yes
- (2) No

-455-

How much did you receive IN DIVIDENDS from jointly-held mutual funds or stocks during 1996?

ENTER TOTAL DIVIDENDS ("0" IF NO EARNINGS)

AMOUNT: \$ _____

-456-

What is your best estimate of the AVERAGE AMOUNT that you and [YOUR] [SPOUSE] had in jointly-held mutual funds or stocks in 1996?

AMOUNT: \$ _____

-457-

Did you have mutual funds or stocks in [YOUR] name only?

- (1) Yes
- (2) No

-458-

Earlier you told me that you owned mutual funds or shares of stock.

How much did you receive IN DIVIDENDS from these mutual funds or stocks during 1996?

AMOUNT: \$ _____

-459-

What is your best estimate of the AVERAGE AMOUNT that you had in these mutual funds or stocks in 1996?

AMOUNT: \$ _____

-463-

Earlier you told me that you owned some rental property. Did you own any of this rental property jointly with [YOUR] [SPOUSE]?

- (1) Yes
- (2) No

—

-464-

How much did you receive in rental income after expenses from jointly-held rental property during 1996?

ENTER TOTAL INCOME ("0" IF BROKE EVEN,
NEGATIVE DOLLARS IF LOSS)

AMOUNT: \$ _____

-465-

Did you own any rental property entirely in [YOUR] own name in 1996?

- (1) Yes
- (2) No

—

-466-

Earlier you told me that you owned some rental property. How much did you receive in rental income after expenses from this property during 1996?

ENTER TOTAL INCOME ("0" IF BROKE EVEN, NEGATIVE DOLLARS IF LOSS)

AMOUNT: \$ _____

-467-

How much did you receive in royalties during 1996?

AMOUNT: \$ _____

-473-

How much did you receive from estate or trust income in 1996?

AMOUNT: \$ _____

-479-

Is it easier for you to report your alimony payments monthly or annually?

- (1) Monthly
- (2) Annually

—

-480-

How much did you receive monthly in alimony payments in 1996?
How much did you receive in alimony payments in 1996?

AMOUNT: \$ _____

-481-

During which months in 1996 did you receive alimony payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A for ALL, "0 to ERASE, "N for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _E6

___ 1	JAN	___ 7	JUL
___ 2	FEB	___ 8	AUG
___ 3	MAR	___ 9	SEP
___ 4	APR	___ 10	OCT
___ 5	MAY	___ 11	NOV
___ 6	JUN	___ 12	DEC

-482-

According to my calculations you received [AMOUNT] dollars
altogether from alimony payments in 1996. Does that sound right?

- (1) Yes
- (2) No

—

-483-

What is your best estimate of the total amount
you received in 1996?

AMOUNT: \$ _____

-484-

Which is the easiest way for you to report your
child support payments: weekly, every two weeks,
twice monthly, monthly or annually?

- (1) Weekly
 - (2) Every two weeks
 - (3) Twice Monthly
 - (4) Monthly
 - (5) Annually
-

-485A-

How much did you receive weekly in child support payments?
How much did you receive every two weeks in child support payments?
How much did you receive twice monthly in child support payments?
How much did you receive monthly in child support payments?
How much did you receive annually in child support payments?

AMOUNT: \$ _____

-485B-

During which weeks of 1996 did you receive child support payments?

Please tell me "from what week number to what week number" for each time period.

ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD;
USE "A for ALL, "0 to ERASE, "N for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3 FROM _B4 TO _E4
FROM _B5 TO _E5 FROM _B6 TO _E6 FROM _B7 TO _E7 FROM _B8 TO _E8

_04	_11	_18	_25	_32	_39	_46
_05	_12	_19	_26	_33	_40	_47
_06	_13	_20	_27	_34	_41	_48
_07	_14	_21	_28	_35	_42	_49

-486-

During which months did you receive child support payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A for ALL, "0 to ERASE, "N for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _E6

___1	JAN	___7	JUL
___2	FEB	___8	AUG
___3	MAR	___9	SEP
___4	APR	___10	OCT
___5	MAY	___11	NOV
___6	JUN	___12	DEC

-487-

According to my calculations you received [AMOUNT] dollars
altogether from child support payments in 1996. Does that sound
right?

(1) Yes

(2) No

—

-488-

What is your best estimate of the total amount you received in 1996?

AMOUNT: \$ _____

-489-

Is it easier for you to report the regular financial assistance
you received in 1996 from friends or relatives not living in

- (1) Monthly
- (2) Annually

—

-490-

How much did you receive monthly in financial assistance from friends or relatives during 1996?

How much did you receive in financial assistance from friends or relatives during 1996?

AMOUNT: \$ _____

-491-

During which months in 1996 did you receive regular financial assistance from friends or relatives not living in this household?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A for ALL, "0 to ERASE, "N for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _B6

___1 JAN	___7 JUL
___2 FEB	___8 AUG
___3 MAR	___9 SEP
___4 APR	___10 OCT
___5 MAY	___11 NOV
___6 JUN	___12 DEC

-492-

According to my calculations you received [AMOUNT] dollars from regular financial assistance from friends or relatives not living in this household in 1996. Does that sound right?

- (1) Yes

(2) No

—

-493-

What is your best estimate of the total amount you received in 1996?

AMOUNT: \$ _____

-494-

Is it easier for you to report your National Guard or Reserve payments during 1996 monthly or annually?

- (1) Monthly
- (2) Annually

—

-495-

How much did you earn monthly from National Guard or Reserve pay in 1996?

How much did you earn from National Guard or Reserve pay in 1996?

AMOUNT: \$ _____

-496-

During which months in 1996 did you receive this income?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A for ALL, "0 to ERASE, "N for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _E6

___ 1	JAN	___ 7	JUL
___ 2	FEB	___ 8	AUG
___ 3	MAR	___ 9	SEP
___ 4	APR	___ 10	OCT
___ 5	MAY	___ 11	NOV

__6 JUN

__12 DEC

-497-

According to my calculations you received [AMOUNT] dollars altogether from National Guard or Reserve pay in 1996. Does that sound right?

- (1) Yes
- (2) No

—

-498-

What is your best estimate of the total amount you received from National Guard or Reserve pay in 1996?

AMOUNT: \$ _____

-499-

Earlier you reported that you earned income from a side business or hobby. Is it easier for you to report this income for 1996 monthly or annually?

- (1) Monthly
- (2) Annually

—

-500-

How much did [YOU] earn monthly from a side business or hobby in 1996?

How much did [YOU] earn from a side business or hobby in 1996?

AMOUNT: \$

-501-

During which months in 1996 did you receive this income?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A for ALL, "0 to ERASE; "N for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _E6

___1	JAN	___7	JUL
___2	FEB	___8	AUG
___3	MAR	___9	SEP
___4	APR	___10	OCT
___5	MAY	___11	NOV
___6	JUN	___12	DEC

-502-

According to my calculations you received [AMOUNT] dollars
altogether from a side business or hobby in 1996.

Does that sound right?

- (1) Yes
- (2) No

—

-503-

What is your best estimate of the total amount you received from
a side business or hobby in 1996?

AMOUNT: \$ _____

-504-

How much income did you receive from [YOUR] interest in a farm in 1996?

AMOUNT: \$ _____

-505-

During which months in 1996 did you receive this income?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A for ALL, "0 to ERASE, "N for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _E6

___ 1	JAN	___ 7	JUL
___ 2	FEB	___ 8	AUG
___ 3	MAR	___ 9	SEP
___ 4	APR	___10	OCT
___ 5	MAY	___11	NOV
___ 6	JUN	___12	DEC

-506-

How much did you receive in lump sum payments in 1996?

AMOUNT: \$ _____

-508-

How much did you receive in income assistance from a charitable group in 1996?

AMOUNT: \$ _____

-509-

During which months in 1996 did you receive this income?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A for ALL, "0 to ERASE, "N for NO MORE

FROM _B1 TO _E1 FROM _B2 TO _E2 FROM _B3 TO _E3

FROM _B4 TO _E4 FROM _B5 TO _E5 FROM _B6 TO _E6

___ 1	JAN	___ 7	JUL
___ 2	FEB	___ 8	AUG
___ 3	MAR	___ 9	SEP
___ 4	APR	___ 10	OCT
___ 5	MAY	___ 11	NOV
___ 6	JUN	___ 12	DEC

-510-

How much did you receive in other income in 1996?

AMOUNT: \$ _____

-304_VER-

Unemployment compensation reported as
\$ [AMOUNT]. Is this entry correct?

- (1) Yes
- (2) No

-307_VER-

Estimated unemployment compensation reported
as \$ [AMOUNT]. Is this entry correct?

- (1) Yes
- (2) No

-309_VER-

Worker's Compensation reported as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-312_VER-

Estimated Workers Compensation reported as

\$ [AMOUNT]. Is this entry correct?

(1) Yes

(2) No

—

-316_VER-

Social Security payments reported as

\$ [AMOUNT]. Is this entry correct?

(1) Yes

(2) No

—

-320_VER-

Estimated Social Security reported as

\$ [AMOUNT]. Is this entry correct?

(1) Yes

(2) No

—

-323_VER-

Social Security payments for children reported

as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-326_VER-

Estimated Social Security reported as
\$ [AMOUNT]. Is this entry correct?

- (1) Yes
- (2) No

—

-328_VER-

Estimated SSI payments reported as
\$ [AMOUNT]. Is this entry correct?

- (1) Yes
- (2) No

—

-332_VER-

Total SSI payments reported as \$ [AMOUNT].
Is this entry correct?

- (1) Yes
- (2) No

—

-334_VER-

SSI payments for children reported
as \$ [AMOUNT].
Is this entry correct?

- (1) Yes
- (2) No

—

-338_VER-

Total SSI payments for children reported
as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-342_VER-

Food stamp payments reported as
\$ [AMOUNT]. Is this entry correct?

(1) Yes

(2) No

—

-343_VER-

Monthly amount reported as \$ [AMOUNT].
Is this entry correct?

(1) Yes

(2) No

—

-345_VER-

Monthly amount reported as \$ [AMOUNT].
Is this entry correct?

(1) Yes

(2) No

—

-347_VER-

Monthly amount reported as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-350_VER-

Total food stamp amount reported as

\$ [AMOUNT]. Is this entry correct?

(1) Yes

(2) No

—

-355_VER-

AFDC monthly payments reported as

\$ [AMOUNT]. Is this entry correct?

(1) Yes

(2) No

—

-356_VER-

Monthly amount reported as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-358_VER-

Monthly amount reported as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-360_VER-

Monthly amount reported as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-364_VER-

Total AFDC amount reported as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-370_VER-

Foster Child Care payments reported
as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-371_VER-

First monthly Foster Child Care amount
reported as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-373_VER-

Second monthly Foster Child Care amount
reported as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-375_VER-

Monthly amount reported as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-379_VER-

Total Foster Child Care amount reported
as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-383_VER-

General Assistance payments reported
as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-384_VER-

Monthly amount reported as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-386_VER-

Monthly amount reported as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-388_VER-

Monthly amount reported as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-392_VER-

Total General Assistance amount reported
as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-396_VER-

Other welfare payments reported
as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-397_VER-

Monthly amount reported as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-399_VER-

Monthly amount reported as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-401_VER-

Monthly amount reported as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-405_VER-

Total other welfare amount reported
as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-405A_VER-

Energy assistance reported as
\$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-407_VER-

Veterans' payments reported as
\$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-410_VER-

Estimated Veterans' payments
reported as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-412_VER-

Survivor's Benefits reported as
\$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-416_VER-

Survivor's Benefits reported as
\$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-418_VER-

Survivor's Benefits reported as
\$ [AMOUNT]. Is this entry correct?

(1) Yes

(2) No

—

-421_VER-

Survivor's Benefits reported as
\$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-423_VER-

Disability Income reported as
\$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-426_VER-

Disability Income reported as
\$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-428_VER-

Disability Income reported as
\$ [AMOUNT]. Is this entry correct?

(1) Yes

(2) No

—

-432_VER-

Disability Income reported as
\$ [AMOUNT]. Is this entry correct?

- (1) Yes
- (2) No

—

-434_VER-

Pension or Retirement reported as
\$ [AMOUNT].
Is this entry correct?

- (1) Yes
- (2) No

—

-437_VER-

Pension or Retirement reported as
\$ [AMOUNT]. Is this entry correct?

- (1) Yes
- (2) No

—

-439_VER-

Pension or Retirement reported as
\$ [AMOUNT]. Is this entry correct?

- (1) Yes
- (2) No

—

-442_VER-

Pension or Retirement reported as
\$ [AMOUNT]. Is this entry correct?

- (1) Yes
- (2) No

—

-446_VER-

Interest in jointly-held accounts
reported as \$ [AMOUNT].
Is this entry correct?

- (1) Yes
- (2) No

—

-447_VER-

Average amounts in jointly-held
accounts reported as
\$ [AMOUNT]. Is this entry correct?

- (1) Yes
- (2) No

—

-449_VER-

Interest earning accounts reported as
\$ [AMOUNT]. Is this entry correct?

- (1) Yes
- (2) No

—

-450_VER-

Interest earning accounts reported as
\$ [AMOUNT]. Is this entry correct?

- (1) Yes
- (2) No

—

-455_VER-

Dividends from jointly-held mutual
funds or stocks reported as
\$ [AMOUNT]. Is this entry correct?

- (1) Yes
- (2) No

—

-456_VER-

Jointly-held mutual funds and stocks
reported as \$ [AMOUNT].
Is this entry correct?

- (1) Yes
- (2) No

—

-458_VER-

Dividends from mutual funds or stocks
reported as \$ [AMOUNT].
Is this entry correct?

- (1) Yes
- (2) No

—

-459_VER-

Average amount from mutual funds or stocks
reported as \$ [AMOUNT]. Is this entry
correct?

- (1) Yes
- (2) No

—

-464_VER-

Rental income reported as \$ [AMOUNT].
Is this entry correct?

- (1) Yes
- (2) No

—

-466_VER-

Rental income reported as \$ [AMOUNT].
Is this entry correct?

- (1) Yes
- (2) No

—

-467_VER-

Income from royalties reported as
\$ [AMOUNT].
Is this entry correct?

- (1) Yes
- (2) No

—

-473_VER-

Income from estates or trusts reported
as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-480_VER-

Alimony payments reported as
\$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-483_VER-

Alimony payments reported as
\$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-485A_VER-

Child support payments reported as
\$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-488_VER-

Child support payments reported as
\$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

-

-490_VER-

Financial assistance from friends or
relatives reported as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

-

-493_VER-

Financial assistance from friends or
relatives reported as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

-

-495_VER-

National Guard or Reserve pay reported
as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

-

-498_VER-

National Guard or Reserve pay reported
as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-500_VER-

Casual earnings from a side business or
hobby reported as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-503_VER-

Casual earnings from a side business or
hobby reported as \$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-504_VER-

Interest in a farm reported as
\$ [AMOUNT].

Is this entry correct?

(1) Yes

(2) No

—

-506_VER-

Lump sum payments reported as
\$ [AMOUNT].

Is this entry correct?

- (1) Yes
- (2) No

—

-508_VER-

Income assistance from a charitable
group reported as \$ [AMOUNT].

Is this entry correct?

- (1) Yes
- (2) No

—

-510_VER-

Other source of income reported as
\$ [AMOUNT].

Is this entry correct?

- (1) Yes
- (2) No

—

-601-

Who owns or is buying this (home/apartment)?

ENTER AS MANY LINE NUMBERS AS NEEDED.
TO "UNMARK" A LINE NUMBER, RE-ENTER
THE NUMBER.

ENTER LINE NUMBER OR "N" FOR NO MORE

LINE NUMBER: _

-604-

About how much would this (house/apartment) sell for if
[YOU] were to put it on the market today?

AMOUNT: \$ _____

-605-

How much were [YOUR] total property taxes,
including city, county, and school taxes on this
(house/apartment) in 1996?

AMOUNT: \$ _____

-606-

How much did [YOU] pay for homeowner's insurance,
that is, what was [YOUR] premium in 1996?

AMOUNT: \$ _____

-607-

Do [YOU] have a mortgage or home equity
loan on this property?

(1) Yes

(2) No

—

-608-

Including any second mortgage or home equity loan,
about how much is the remaining principal on this
mortgage?

AMOUNT: \$ _____

-609-

How much are [YOUR] monthly mortgage payments?

AMOUNT: \$ _____

-617-

Does [YOUR] mortgage payments include property
taxes?

- (1) Yes
- (2) No

—

-618A-

Do [YOUR] payments include insurance
premiums?

- (1) Yes
- (2) No

—

-618B-

How much was this household's rent payment last month?

AMOUNT: \$ _____

-618C-

How much did this household pay for electricity, gas,
basic telephone service, and other utilities last month?

AMOUNT: \$ _____

-618D-

Did more than one person living here pay for the mortgage
payment and utilities last month?

Did more than one person living here pay for the rent
and utilities last month?

Did more than one person living here pay for the utilities
last month?

(1) Yes

(2) No

—

-618E-

Who paid?

LN: _

Who paid and how much did each pay?

(N) for no more

LN: _____ 2 AMOUNT: \$ _____ 5

LN: _____ 3 AMOUNT: \$ _____ 6

LN: _____ 4 AMOUNT: \$ _____ 7

-619-

Do you own any real estate other than your main home[n], such as
a second home, land, rental real estate, or money owed to you
on a land contract?

Do you own any real estate such as a second home, land, rental
real estate, or money owed to you on a land contract?

(1) Yes

(2) No

—

-620-

Who owns this real estate?

ENTER AS MANY LINE NUMBERS AS NEEDED.
TO "UNMARK" A LINE NUMBER, RE-ENTER
THE NUMBER.

ENTER LINE NUMBER OR "S" FOR SOMEONE
OUTSIDE THE HOUSEHOLD OR "N" FOR NO MORE

LINE NUMBER: _____

-623-

About how much would the property or properties sell for
if [YOU] were to put it on the market today?

About how much would the property or properties sell for
if [YOU] and [YOUR SPOUSE]
were to put it on the market today?

About how much would the property or properties sell for
if [PERSON NAME], [PERSON NAME] and
[PERSON NAME] were to put it on the market today?

About how much would the property or properties sell for
if [PERSON NAME], [PERSON NAME],
[PERSON NAME] and [PERSON NAME]
were to put it on the market today?

AMOUNT: \$ _____

-624-

Does [fill SH_NAME(<1>)] have a mortgage on the real estate?

Do [fill SH_NAME(<1>)] have a mortgage on the real estate?

Do [fill SH_NAME(<1>)] and [fill SH_NAME(<2>)] have a mortgage on the real estate?

Do [fill SH_NAME(<1>)], [fill SH_NAME(<2>)] and [fill SH_NAME(<3>)] have a mortgage on the real estate?

Do [fill SH_NAME(<1>)], [fill SH_NAME(<2>)], [fill SH_NAME(<3>)] and [fill SH_NAME(<4>)] have a mortgage on the real estate?

(1) Yes

(2) No

-625-

How much is the remaining principal on the mortgage?

AMOUNT: \$ _____

-631-

Do you own a car, van, or truck, excluding recreational vehicles and motorcycles?

Does anyone in this household own a car, van, or truck, excluding recreational vehicles and motorcycles?

(1) Yes

(2) No

-632-

How many cars, trucks, or vans do you own?
How many cars, trucks, or vans do members of this
household own?

-633-

Who owns this vehicle?
Who owns the newest vehicle?
Who owns the next newest vehicle?
Who owns the third newest vehicle?

** ENTER UP TO TWO LINE NUMBERS **

(N) When done, or none

LINE NUMBER: _____1 _____2

-634-

What is the year, make and model of this vehicle?
What is the year, make and model of the newest vehicle?
What is the year, make and model of the next newest vehicle?
What is the year, make and model of the third newest vehicle?

_____A YEAR

_____B MAKE (e.g., Chrysler, Ford,
Chevrolet, Pontiac, Buick,
Toyota, Honda, Volvo, Saab)

_____C MODEL (e.g., Mustang, Camaro, Civic,
Camry, Le Baron, New Yorker)

-635-

Is this vehicle owned free and clear or is there still
money owed on it?

- (1) Free and clear
 - (2) Money owed
- _____

-636-

How much is currently owed for this vehicle?

AMOUNT: \$ _____

-636_VER-

Amount owed on vehicle reported as \$[fill 636:],].

Is this entry correct?

- (1) Yes
 - (2) No
- _____

-637-

Is this vehicle used primarily for either business
purposes or for the transportation of a disabled
person?

- (1) Yes
 - (2) No
- _____

-V_REVIEW-

(Testing version only)

Any reason [fill V_SHORT]
should be deleted?

- (1) Yes
 - (2) No
- _____

-645-

Aside from mortgages, do you have any other debts -- such
as credit card charges, student loans, medical or legal
bills, or loans from relatives?

Aside from mortgages or car loans, do you have any other debts
-- such as credit card charges, student loans, medical or legal
bills, or loans from relatives?

Aside from car loans, do you have any other debts -- such
as credit card charges, student loans, medical or legal
bills, or loans from relatives?

Do you have any debts -- such as credit card charges, student
loans, medical or legal bills, or loans from relatives?

Aside from mortgages, does anyone in this household have any
other debts -- such as credit card charges, student loans,
medical or legal bills, or loans from relatives?

Aside from mortgages or car loans, does anyone in this household
have any other debts -- such as credit card charges, student loans,
medical or legal bills, or loans from relatives?

Aside from car loans, does anyone in this household have any other
debts -- such as credit card charges, student loans, medical or
legal bills, or loans from relatives?

Does anyone in this household have any debts -- such as credit
card charges, student loans, medical or legal bills, or loans
from relatives?

- (1) Yes
 - (2) No
- _____

-646-

Whose debts are they?

ENTER AS MANY LINE NUMBERS AS NEEDED.
TO "UNMARK" A LINE NUMBER, RE-ENTER
THE NUMBER.

ENTER LINE NUMBER OR "S" FOR SOMEONE
OUTSIDE THE HOUSEHOLD OR "N" FOR NO MORE

LINE NUMBER: _____

-649-

If you added up all of [fill OD_NAME] debts excluding
mortgages, about how much would they amount to right now?

If you added up all of [fill OD_NAME] debts excluding
mortgages and car loans, about how much would they amount
to right now?

If you added up all of [fill OD_NAME] debts excluding
car loans, about how much would they amount to right now?

If you added up all of [fill OD_NAME] debts, about how
much would they amount to right now?

AMOUNT: \$ _____

-650-

The next few questions are about money you may have provided for the support of persons outside this household.

The next few questions are about money members of your household may have provided for the support of persons outside this household.

During 1996, did you provide money for the support of your children who lived with another parent or guardian?

During 1996, did anyone in this household provide money for the support of his or her children who lived with another parent or guardian?

(1) Yes

(2) No

-651-

Who paid child support?

ENTER AS MANY LINE NUMBERS AS NEEDED.
TO "UNMARK" A LINE NUMBER, RE-ENTER
THE NUMBER.

ENTER LINE NUMBER OR "N" FOR NO MORE

LINE NUMBER: _____

-652-

Including payments made directly to the other parent or guardian, payments made to a court or agency, and amounts withheld from paychecks, what were your total payments for child support in 1996?

withheld from paychecks, what were [fill FULLNAME]'s total payments for child support in 1996?

AMOUNT: \$ _____

-652_VER-

Total debts reported as \$ [fill 652:,.].

Is this entry correct?

(1) Yes

(2) No

-654-

During 1996, did you provide any alimony to a former spouse?

(1) Yes

(2) No

-655-

Who paid alimony?

ENTER AS MANY LINE NUMBERS AS NEEDED.
TO "UNMARK" A LINE NUMBER, RE-ENTER
THE NUMBER.

ENTER LINE NUMBER OR "N" FOR NO MORE

LINE NUMBER: _____

-656-

What were your total payments for alimony in 1996?

AMOUNT: \$ _____

-656_VER-

Alimony payments reported as \$ [fill 656:.,].

Is this entry correct?

(1) Yes

(2) No

-657-

Other than child support, did you make any (other) payments for the support of someone who does not live in this household in 1996?

Other than alimony, did you make any (other) payments for the support of someone who does not live in this household in 1996?

Other than child support and alimony, did you make any (other) payments for the support of someone who does not live in this household in 1996?

Did you make any (other) payments for the support of someone who does not live in this household in 1996?

Other than child support, did anyone in this household make any (other) payments for the support of someone who does not live in this household in 1996?

Other than alimony, did anyone in this household make any (other) payments for the support of someone who does not live in this household in 1996?

Other than child support and alimony, did anyone in this household make any (other) payments for the support of someone who does not live in this household in 1996?

Did anyone in this household make any (other) payments for the support of someone who does not live in this household in 1996?

(1) Yes

(2) No

-658-

Who made these payments?

ENTER AS MANY LINE NUMBERS AS NEEDED.
TO "UNMARK" A LINE NUMBER, RE-ENTER
THE NUMBER.

ENTER LINE NUMBER OR "N" FOR NO MORE

LINE NUMBER: _____

-659-

For how many persons did you make support payments not including
child support?

For how many persons did you make support payments not including
alimony?

For how many persons did you make support payments not including
child support or alimony?

For how many persons did you make support payments?

-660-

How much did you pay for the support of this person during 1996?

How much did you pay for the support of these persons during 1996?

AMOUNT: \$ _____

-660_VER-

Support payments reported as \$ [fill 660:,.].

Is this entry correct?

(1) Yes

(2) No

-604_VER-

Market value reported as \$ [fill 604:.,].

Is this entry correct?

(1) Yes

(2) No

-605_VER-

Property taxes reported as \$ [fill 605:.,].

Is this entry correct?

(1) Yes

(2) No

-606_VER-

Homeowner's insurance reported as \$ [fill 606:.,].

Is this entry correct?

(1) Yes

(2) No

-608_VER-

Remaining principal reported as \$ [fill 608:.,].

Is this entry correct?

(1) Yes

(2) No

-609_VER-

Monthly mortgage reported as \$ [fill 609:.,].

Is this entry correct?

(1) Yes

(2) No

-623_VER-

Selling price reported as \$ [fill 623:.,].

Is this entry correct?

(1) Yes

(2) No

-625_VER-

Remaining principal reported as \$ [fill 625:.,].

Is this entry correct?

(1) Yes

(2) No

-649_VER-

Total debts reported as \$ [fill 649:.,].

Is this entry correct?

(1) Yes

(2) No

-INSCHOOL-

The next few questions are about school enrollment FROM SEPTEMBER 1996 THROUGH OCTOBER 1997.

At any time since September 1996 were you enrolled in a school, either full or part time?

READ IF NECESSARY: Include any regular school, such as elementary, high school or college, or any vocational, technical, or business school beyond high school.

(1) Yes

(2) No

-702-

During which months [fill WASWERE] [fill HESHE] enrolled in school?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A for ALL, "0 to ERASE, "N for NO MORE

1996

1997

READ IF NECESSARY: Include financial assistance such as loans,
grants, scholarships, employer assistance, veterans' benefits,
or any type of financial aid, EXCLUDING HELP FROM PARENTS.

(1) Yes

(2) No

-WHATAID-

During this period, from SEPTEMBER 1996 THROUGH OCTOBER 1997, what
kind of educationl assistance did you receive? SHOW FLASHCARD XX[n].

PROBE: Anything else?

kind of educational assistance did [fill FULLNAME] receive?

SHOW FLASHCARD XX[n]. PROBE: Anything else?

ENTER EACH TYPE MENTIONED: 0

USE "N for NO MORE; RE-ENTER NUMBER to UNMARK AN ENTRY

Federal grant

School-based money

____ (1) Federal PELL Grant

____ (6) Grant, scholarship, or tuition

____ (2) Department of Veteran's

remission from the school attended

Affairs (VA) assistance

____(7) Teaching or research assistantship

____ (3) College (or Federal)

from the school attended

Work Study Program

____(8) Other grant or scholarship

____ (4) Other Federal grant

(Specify below)

(Specify below)

____9 Employer assistance

____ (5) State grant or

____(10) Loan that has tobe repaid

scholarship

____ (11) Other source (Specify below)

SPECIFY: ____

SP4

SPECIFY: ____

SP8

SPECIFY: ____

SP11

-TRAINNEW-

Between January 1996 and October 1997, have you received any
training to help you look for or train for a new job?

(1) Yes

(2) No

-TRNUMNEW-

How many different training activities of this type, lasting one day or more, did [fill HESHE] attend between January 1996 and October 1997?

ENTER NUMBER. IF ALL TRAINING LASTED LESS THAN ONE DAY ENTER "0"; IF NUMBER IS GREATER THAN 9, ENTER "9": _____

-TRNEWEST-

I realize you may not know the exact number, but an estimate would be fine.

ENTER NUMBER. IF NUMBER IS GREATER THAN 9, ENTER "9": _____

-WKTRMNTN-

During the period between January 1996 and October 1997, in which months [fill WASWERE] [fill HESHE] attending training of this type?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A for ALL, "0 to ERASE, "N for NO MORE

1996	**1996**	**1997**	
___01 1 JAN		___09 9 SEP	___15 15 MAR
___02 2 FEB		___10 10 OCT	___16 16 APR
___03 3 MAR		___11 11 NOV	___17 17 MAY
___04 4 APR		___12 12 DEC	___18 18 JUN
___05 5 MAY			___19 19 JUL
___06 6 JUN		** 1997**	___20 20 AUG
___07 7 JUL		___13 13 JAN	___21 21 SEP
___08 8 AUG		___14 14 FEB	___22 22 OCT

-REQUIRED-

Were you required to enroll in this training in order to receive public assistance or other benefits?

- (1) Yes, enrollment in some or all of the training was required
 - (2) No, enrollment in all of the training was entirely voluntary
- _____

-JBSEARCH-

Was this training designed to teach [fill HIMHER] to look for a job, or to teach [fill HIMHER] specific skills needed for a new job or career?

PROBE: Which one was the most important?

- (1) To teach [fill HIMHER] how to look for a job -- for example, resume preparation, job search techniques, interviewing skills
 - (2) To teach [fill HIMHER] specific skills needed for a new job or career -- for example, automobile mechanics, typing, computer software
- _____

-TRPAYNEW-

Who sponsored or paid for [fill HISHER] most recent training?
Who sponsored or paid for [fill HISHER] training?

- (1) Federal, state, or local government (NOT employer)
- (2) Self or family
- (3) Current or previous employer
- (4) Other (Specify below)

_____ 1

SPECIFY: _____SP

-TRWHERE-

Where did you receive this most recent training?

Where did you receive this training?

- (1) Business, technical, or vocational school
- (2) High school
- (3) Two-year or community college
- (4) Four-year college or university
- (5) At current or previous employer's place of work
- (6) Correspondence course
- (7) Sheltered workshop
- (8) Vocational rehabilitation center
- (9) Other (Specify below)

_____1

SPECIFY: _____SP

-TOGETJOB-

Did you use this training to get your current job?

Did you use this training to get the job from which you are on layoff?

- (1) Yes
- (2) No

-SEARCHJB-

[fill C_HAVHAS] [fill HESHE] used this training to search for a job?

- (1) Yes
- (2) No

-USETROLD-

[fill C_HAVHAS] [fill HESHE] used this training on [fill HISHER] current job?

[fill C_HAVHAS] [fill HESHE] used this training on the job from which you are on
layoff?

[fill C_HAVHAS] [fill HESHE] used this training on the job from which [fill HESHE] he is
on layoff?

(1) Yes

(2) No

-LKUSETR-

[fill C_HAVHAS] [fill HESHE] been looking for work that will use this training?

(1) Yes

(2) No

-NHLTH-

These next few questions are about your health.

Would you say that your health, in general, is excellent, very good,
good, fair, or poor?

(1) Excellent

(2) Very good

(3) Good

(4) Fair

(5) Poor

-LMTSCHL-

Because of a physical, learning, or mental health condition, do you currently have any limitation in your ability to do regular school work?

- (1) Yes
 - (2) No
- _____

-SPECED-

During the past 12 months, that is, since [fill CURMNTH] [fill LASTYEAR], did you receive any special education services?
[fill FULLNAME] receive any special education services?

- (1) Yes
 - (2) No
- _____

-DIFSEE-

Do you have difficulty seeing the words and letters in ordinary newspaper print even when wearing glasses or contact lenses?

- (1) Yes
 - (2) No
- _____

-SEEWORDS-

Are you able to see the words and letters in ordinary newspaper print at all?

- (1) Yes
 - (2) No
- _____

-SPECAIDS-

Do you use any special aids, such as a cane, wheelchair, or a hearing aid?

- (1) Yes
 - (2) No
- _____

-TYPEAID-

Which type of aid do you use? PROBE: Anything else?

ENTER EACH AID MENTIONED OR "N FOR "NO MORE":
TO "UNMARK AN ENTRY, RE-ENTER THE NUMBER

0

- _____1 (1) Cane
- _____2 (2) Wheelchair
- _____3 (3) Walker
- _____4 (4) Crutches
- _____5 (5) Leg brace
- _____6 (6) Hearing aid
- _____7 (7) Other

-DIFHEAR-

Do you have any difficulty hearing what is said in a normal conversation with another person even using a hearing aid if you usually wear one?
conversation with another person?

- (1) Yes
 - (2) No
- _____

-HEARNORM-

Are you able to hear what is said in a normal conversation with another person at all?

- (1) Yes
- (2) No

-DIFLIFT-

Do you have any difficulty lifting and carrying something as heavy as 10 pounds, such as a full bag of groceries?

- (1) Yes
- (2) No

-ABLELIFT-

Are you able to lift and carry this much weight at all?

- (1) Yes
- (2) No

-DIFWALK-

Do you have any difficulty walking a quarter of a mile -- about 3 city blocks?

- (1) Yes
- (2) No

-WALKALL-

Are you able to walk a quarter of a mile at all?

- (1) Yes
 - (2) No
- _____

-NEEDHELP-

Because of a chronic condition do you need the help of another person with any of the following activities:

- (1) Yes
- (2) No
- (3) Usually
- (4) Occasional

_____BED Getting in or out of a bed or chair?
PROBE: Is that usually or occasionally? _____BED2

_____BATH Taking a bath or shower?
PROBE: Is that usually or occasionally? _____BATH2

_____CHO Doing household chores such as preparing meals, washing dishes, or sweeping the floor?
PROBE: Is that usually or occasionally? _____CHO2

_____OUT Going outside the home to shop or visit the doctor's office?
PROBE: Is that usually or occasionally? _____OUT2

-HOSPPAT-

During the past 12 months, that is, since [fill CURMNTH] [fill LASTYEAR], were you a patient in a hospital overnight or longer?

- (1) Yes
 - (2) No
- _____

-TIMEHOSP-

How many different times were you admitted to a hospital for an overnight stay or longer during the past 12 months?

NUMBER OF TIMES: _____

-REASHOSP-

What was the reason for your most recent hospital stay?
What was the reason for your hospital stay?

ENTER EACH REASON MENTIONED OR "N FOR "NO MORE": _____0

TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ___ 1 (1) Child birth
- ___ 2 (2) Surgery or operation (including bone setting or getting stitches)
- ___ 3 (3) Emergency room/accidental injury
- ___ 4 (4) Mental or emotional problem or disorder
- ___ 5 (5) Drug or alcohol abuse problem or disorder
- ___ 6 (6) Other medical

SPECIFY: _____SP

-PSYCH-

Were you a patient in a psychiatric hospital or a psychiatric unit of a hospital during this hospital stay?
of a hospital during any of your hospital stays in the past 12 months?

- (1) Yes
 - (2) No
- _____

-NGHTHOSP-

How many total nights did you spend in a hospital of any type
in the past 12 months?

NUMBER OF NIGHTS: _____

-NODRVIST-

Excluding hospital stays, how many times did you see a medical doctor
or assistant about your health, in the past 12 months?

How many times did you see a medical doctor or assistant about your
health in the past 12 months?

NUMBER OF TIMES: _____

-NODTVIST-

How many visits did you make to a dentist, including orthodontists,
oral surgeons, and dental hygienists in the past 12 months?

How many visits did [fill FULLNAME] make to a dentist, including
orthodontists, oral surgeons, and dental hygienists in the past 12
months?

NUMBER OF VISITS: _____

-VISTPLAC-

During the past 12 months, was there a particular doctor's office,
health center, clinic, or some other place where you usually went
if you were sick or needed advice about your health?

(1) Yes

(2) No

-PLACTYPE-

To what kind of place did you usually go?

- (1) Doctor's office (or HMO)
- (2) VA hospital
- (3) Military hospital
- (4) Hospital outpatient clinic (not VA or military)
- (5) Hospital emergency room
- (6) Company or industry clinic
- (7) Health center (neighborhood health center or free or low-cost clinic)
- (8) Psychiatric clinic
- (9) Psychiatric hospital
- (10) Private practice psychiatrist or other mental health professional
- (11) Other

_____ a

Specify: _____SP

-PAYDREXP-

During [fill PRIOR_MO] did you pay any doctor, dentist, or hospital bills or for any prescription medicines for yourself?

- (1) Yes
- (2) No

-WHATPAY-

Not counting amounts that will be reimbursed by insurance, how much did you pay last month for your medical expenses?

\$ _____

-VER_HOSP-

You have entered "[fill TIMEHOSP]" times.

Is that correct?

(1) Yes -- Advance to next screen

(2) No -- Make corrections

-VER_NITES-

You have entered "[fill NGHTHOSP]" nights.

Is that correct?

(1) Yes -- Advance to next screen

(2) No -- Make corrections

-VER_NDRVS-

You have entered "[fill NODRVIST]" visits.

Is that correct?

(1) Yes -- Advance to next screen

(2) No -- Make corrections

-VER_NDTVVS-

You have entered "[fill NODTVIST]" visits.

Is that correct?

(1) Yes -- Advance to next screen

(2) No -- Make corrections

-HLTHINS-

The next few questions are about health insurance coverage in 1996.

Please turn to FLASH CARD XX. This is a list of different types of health insurance coverage. I'd like to know if you were covered by the following types of health insurance at any time from January through December 1996: insurance coverage. I'd like to know if anyone in this household was covered by the following types of health insurance at any time[n] from January through December 1996:

(1) Yes

(2) No

(H) Help

Medicare, the government medical plan for persons 65
and over and for persons with disabilities _____A

Medicaid, or Medical Assistance Program, the government medical
plan for persons with low incomes _____ B

Medicaid, or AHCCCS, Acute Care Program or Long Term Care
System (ALTCS), the government medical plan for persons
with low incomes _____B

Medicaid, or Medi-Cal, the government medical plan for persons
with low incomes _____B

Medicaid, or Connecticut Access (CONNECT CARD), the government
medical plan for persons with low incomes _____B

Medicaid, or Medical Assistance, the government medical plan for
persons with low incomes _____B

Medicaid, or MediPass, the government medical plan for persons
with low incomes _____B

Medicaid, or Better Health Care Program or Medical Assistance,
the government medical plan for persons with low incomes _____ B

Medicaid, or Med-QUEST, Maluhia or Medical Assistance, the
government medical plan for persons with low incomes _____B

Medicaid, or Healthy Connections or Medical Assistance, the
government medical plan for persons with low incomes _____B

Medicaid, or MediPlan, the government medical plan for persons
with low incomes _____B

Medicaid, or Hoosier Healthwise, the government medical plan for
persons with low incomes _____B

Medicaid, or MediPAS (Medical Assistance), the government medical plan for persons with low incomes_____B
 Medicaid, or PrimeCare, Community Care Kansas (CCK) or HealthConnect, the government medical plan for persons with low incomes _____B
 Medicaid, or Kentucky Patient Access and Care System (KenPAC) or Medical Assistance, the government medical plan for persons with low incomes _____B
 Medicaid, or Community CARE Program, the government medical plan for persons with low incomes_____B
 Medicaid, or PrimeCare, the government medical plan for persons with low incomes _____B
 Medicaid, or Maryland Access to Care (MAC) or Medical Assistance, the government medical plan for persons with low incomes _____B
 Medicaid, or MassHealth, the government medical plan for persons with low incomes _____B
 Medicaid, or Prepaid Medical Assistance Program (PMAP) or Health Care Program, the government medical plan for persons with low incomes_____B
 Medicaid, or HealthMACS, the government medical plan for persons with low incomes_____B
 Medicaid, or MC Plus, the government medical plan for persons with low incomes _____B
 Medicaid, or Passport to Health, the government medical plan for persons with low incomes_____B
 Medicaid, or Primary Care Plus (+) or Health Connection, the government medical plan for persons with low incomes_____B
 Medicaid, or MAPnet, the government medical plan for persons with low incomes _____B
 Medicaid, or New Jersey Care 2000, the government medical plan for persons with low incomes_____B
 Medicaid, or Primary Care Network, the government medical plan for persons with low incomes_____B
 Medicaid, or MAX, the government medical plan for persons with low incomes_____B
 Medicaid, or Carolina Access, the government medical plan for persons with low incomes _____B
 Medicaid, or North Dakota Access to Care (NoDAC), the government medical plan for persons with low incomes_____B
 Medicaid, or Accessing Better Care (ABC) Program, the government medical plan for persons with low incomes_____B
 Medicaid, or SoonerCare, the government medical plan for persons with low incomes _____B

Medicaid, or Oregon Health Plan (OHP), Kaiser-S/HMO or Medical Assistance, the government medical plan for persons with low incomes_____B

Medicaid, or HealthPASS, Family Care Network (FCN), Lancaster Community Health Plan, Blue Card or Green Card or ACCESS, the government medical plan for persons with low incomes_____B

Medicaid, or Rite Care or Medical Assistance, the government medical plan for persons with low incomes_____B

Medicaid, or South Carolina Health Access Plan (SCHAP), the government medical plan for persons with low incomes_____B

Medicaid, or Primary Care Provider Program, the government medical plan for persons with low incomes_____B

Medicaid, or TennCare, the government medical plan for persons with low incomes_____B

Medicaid, or LoneSTAR (State of Texas Access Reform), the government medical plan for persons with low incomes_____B

Medicaid, or Dr. Dynosaur, Vermont Health Access Program (VHAP) or AIM, the government medical plan for persons with low incomes_____B

Medicaid, or Medallion, Options or Medical Assistance, the government medical plan for persons with low incomes_____B

Medicaid, or Health Access Spokane, Kaiser-S/HMO or Healthy Options, the government medical plan for persons with low incomes_____B

Medicaid, or West Virginia Physician Assured Access System (PAAS), the government medical plan for persons with low incomes_____B

Medicaid, or Medical Assistance Program, the government medical plan for persons with low incomes_____B

Medicaid, the government medical plan for persons with low incomes_____B

-HLTHINS2-

- (1) Yes
(2) No

(H) Help

CHAMPUS/TRICARE, CHAMPVA, Military Health, Indian Health Service, or any other government-provided health insurance including General Relief Medical (GRM) _____ C

Service, or any other government-provided health insurance including County Medical Services Program (CMSP), Children's

Services (CCS) _____ C

Service, or any other government-provided health insurance
including Child Health Plan _____ C

Service, or any other government-provided health insurance
including Health Steps, General Assistance Program (GA)

Service, or any other government-provided health insurance
including Healthy Kids _____ C

Service, or any other government-provided health insurance
including General Assistance Program (State Child and
Family Assistance, SCFA or Transitional Assistance, TA) _____ C

Service, or any other government-provided health insurance
including Caring Program for Children _____ C

Service, or any other government-provided health insurance
including MediKan, Caring Program for Kids _____ C

Service, or any other government-provided health insurance
including Common Health Program, Medical Security Plan (MSO),
CenterCare Program, Children's Medical Security Plan _____ C

Service, or any other government-provided health insurance
including Wayne County Plus Care Program, Medical Assistance
Program, Care Program for Children _____ C

Service, or any other government-provided health insurance
including MinnesotaCare, Minnesota General Assistance
Medical Care Program (GAMC) _____ C

Service, or any other government-provided health insurance
including General Relief Medical Assistance _____ C

Service, or any other government-provided health insurance
including State Disability Program _____ C

Service, or any other government-provided health insurance
including Health Access New Jersey _____ C

Service, or any other government-provided health insurance
including Home Relief, Child Health Plus (CHP) _____ C

Service, or any other government-provided health insurance
including Caring Program for Children _____ C

Service, or any other government-provided health insurance
including Ohio Disability Assistance Medical Program _____ C

Service, or any other government-provided health insurance
including Children's Health Insurance Programs (CHIP),
General Assistance Medical Program _____ C

Service, or any other government-provided health insurance
including General Public Assistance (GPA) Medical Program _____ C

Service, or any other government-provided health insurance
including Utah Medical Assistance Program (UMAP) _____ C

Service, or any other government-provided health insurance

including State and Local Hospitalizations (SLH) Program,
Caring Program for Children _____C
Service, or any other government-provided health insurance
including Basic Health Plan, Children's Health Program,
General Assistance Unemployable Program (GA-U)_____C
Service, or any other government-provided health insurance
including General Relief Medical_____C
Service, or any other government-provided health insurance_____C

A plan provided through a current or past employer or union_____D

A plan purchased directly, that is, a private plan not
related to a current or past employer _____E

A plan of someone not living in this household _____F

-WHOMEDCR-

Who was covered by Medicare at any
time in 1996?

(PROBE: Anyone else?)

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _____

-MOMEDCR-

During which months in 1996 were you covered by Medicare?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD COVERED;
USE "A for ALL; "0 to ERASE; "N for NO MORE

** 1996 **

** 1996 **

___1 JAN

___7 JUL

___2 FEB

___8 AUG

___3 MAR

___9 SEP

___4 APR

___10 OCT

___ 5 MAY
___ 6 JUN

___11 NOV
___12 DEC

-WHOMEDCD-

Who was covered by Medicaid, or the Medical Assistance Program, at any time in 1996?

Who was covered by Medicaid, or AHCCCS, Acute Care Program or Long Term Care System (ALTCS), at any time in 1996?

Who was covered by Medicaid, or Medi-Cal, at any time in 1996?

Who was covered by Medicaid, or Connecticut Access (CONNECT CARD), at any time in 1996?

Who was covered by Medicaid, or Medical Assistance Access (CONNECT CARD), at any time in 1996?

Who was covered by Medicaid, or MediPass, at any time in 1996?

Who was covered by Medicaid, or the Better Health Care Program or Medical Assistance, at any time in 1996?

Who was covered by Medicaid, or Med-QUEST, Maluhia or Medical Assistance, at any time in 1996?

Who was covered by Medicaid, or Healthy Connections or Medical Assistance, at any time in 1996?

Who was covered by Medicaid, or MediPlan, at any time in 1996?

Who was covered by Medicaid, or Hoosier Healthwise, at any time in 1996?

Who was covered by Medicaid, or MediPAS (Medical Assistance), at any time in 1996?

Who was covered by Medicaid, or PrimeCare, Community Care Kansas (CCK) or HealthConnect, at any time in 1996?

Who was covered by Medicaid, or

Kentucky Patient Access and Care System (KenPAC) or Medical Assistance at any time in 1996?
Who was covered by Medicaid, or the Community CARE Program, at any time in 1996?
Who was covered by Medicaid, or PrimeCare, at any time in 1996?
Who was covered by Medicaid, or Maryland Access to Care (MAC) or Medical Assistance, at any time in 1996?
Who was covered by Medicaid, or MassHealth, at any time in 1996?
Who was covered by Medicaid, or the Prepaid Medical Assistance Program (PMAP) or Health Care Program, at any time in 1996?
Who was covered by Medicaid, or HealthMACS, at any time in 1996?
Who was covered by Medicaid, or MC Plus, at any time in 1996?
Who was covered by Medicaid, or Passport to Health, at any time in 1996?
Who was covered by Medicaid, or Primary Care Plus (+) or Health Connection, at any time in 1996?
Who was covered by Medicaid, or MAPnet, at any time in 1996?
Who was covered by Medicaid, or New Jersey Care 2000, at any time in 1996?
Who was covered by Medicaid, or Primary Care Network, at any time in 1996?
Who was covered by Medicaid, or MAX, at any time in 1996?
Who was covered by Medicaid, or Carolina Access, at any time in 1996?
Who was covered by Medicaid, or North Dakota Access to Care (NoDAC),

at any time in 1996?

Who was covered by Medicaid, or the Accessing Better Care (ABC) Program, at any time in 1996?

Who was covered by Medicaid, or SoonerCare, at any time in 1996?

Who was covered by Medicaid, or the Oregon Health Plan (OHP), Kaiser-S/HMO or Medical Assistance, at any time in 1996?

Who was covered by Medicaid, or HealthPASS, Family Care Network (FCN), Lancaster Community Health Plan, Blue Card or Green Card or ACCESS, at any time in 1996?

Who was covered by Medicaid, or Rite Care or Medical Assistance, at any time in 1996?

Who was covered by Medicaid, or South Carolina Health Access Plan (SCHAP), at any time in 1996?

Who was covered by Medicaid, or the Primary Care Provider Program, at any time in 1996?

Who was covered by Medicaid, or TennCare, at any time in 1996?

Who was covered by Medicaid, or LoneSTAR (State of Texas Access Reform), at any time in 1996?

Who was covered by Medicaid, or Dr. Dynosaur, Vermont Health Access Program (VHAP) or AIM, at any time in 1996?

Who was covered by Medicaid, or Medallion, Options or Medical Assistance, at any time in 1996?

Who was covered by Medicaid, or Health Access Spokane, Kaiser-S/HMO or Healthy Options at any time in 1996?

Who was covered by Medicaid, or the West Virginia Physician Assured Access System (PAAS), at any time

in 1996?

Who was covered by Medicaid, or the
Medical Assistance Program, at any
time in 1996?

Who was covered by Medicaid at any
time in 1996?

(PROBE: Anyone else?)

(H) Help

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _____

-MOMEDCD-

During which months in 1996 were you covered by
Medicaid or the Medical Assistance Program?
Medicaid or AHCCCS, Acute Care Program or Long Term Care System (ALTCS)?
Medicaid or Medi-Cal?
Medicaid or Connecticut Access (CONNECT CARD)?
Medicaid or Medical Assistance Access (CONNECT CARD)?
Medicaid or MediPass?
Medicaid or the Better Health Care Program or Medical Assistance?
Medicaid or Med-QUEST, Maluhia or Medical Assistance?
Medicaid or Healthy Connections or Medical Assistance?
Medicaid or MediPlan?
Medicaid or Hoosier Healthwise?
Medicaid or MediPAS (Medical Assistance)?
Medicaid or PrimeCare, Community Care Kansas (CCK) or HealthConnect?
Medicaid or Kentucky Patient Access and Care System (KenPAC) or
Medical Assistance?
Medicaid or the Community CARE Program?
Medicaid or PrimeCare?
Medicaid or Maryland Access to Care (MAC) or Medical Assistance?
Medicaid or MassHealth?
Medicaid or the Prepaid Medical Assistance Program (PMAP) or Health
Care Program?
Medicaid or HealthMACS?

Medicaid or MC Plus?
 Medicaid or Passport to Health?
 Medicaid or Primary Care Plus(+) or Health Connection?
 Medicaid or MAPnet?
 Medicaid or New Jersey Care 2000?
 Medicaid or Primary Care Network?
 Medicaid or MAX?
 Medicaid or Carolina Access?
 Medicaid or North Dakota Access to Care (NoDAC)?
 Medicaid or the Accessing Better Care (ABC) Program?
 Medicaid or SoonerCare?
 Medicaid or the Oregon Health Plan (OHP), Kaiser-S/HMO or Medical Assistance?
 Medicaid or HealthPASS, Family Care Network (FCN), Lancaster Community Health Plan, Blue Card or Green Card or ACCESS?
 Medicaid or Rite Care or Medical Assistance?
 Medicaid or South Carolina Health Access Plan (SCHAP)?
 Medicaid or the Primary Care Provider Program?
 Medicaid or TennCare?
 Medicaid or LoneSTAR (State of Texas Access Reform)?
 Medicaid or Dr. Dynosaur, Vermont Health Access Program (VHAP) or AIM?
 Medicaid or Medallion, Options or Medical Assistance?
 Medicaid or Health Access Spokane, Kaiser-S/HMO or Healthy Options?
 Medicaid or the West Virginia Physician Assured Access System (PAAS)?
 Medicaid or the Medical Assistance Program?
 Medicaid?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD COVERED;

** 1996 **	** 1996 **
___1 JAN	___7 JUL
___2 FEB	___8 AUG
___3 MAR	___9 SEP
___4 APR	___10 OCT
___5 MAY	___11 NOV
___6 JUN	___12 DEC

 -WHOCHAMP-

Who was covered by CHAMPUS/TRICARE/
 CHAMPVA, Military Health, Indian
 Health Service, or any other
 government-provided health insurance

including General Relief Medical (GRM), at any time during 1996?
including the General Relief Medical Services Program (CMSP) or Children's Services (CCS), at any time during 1996?
including the Child Health Plan, at any time during 1996?
including the General Assistance Program (GA), at any time during 1996?
including Healthy Kids, at any time during 1996?
including the General Assistance Program (State Child and Family Assistance, SCFA or Transitional Assistance, TA), at any time during 1996?
including Caring Program for Children, at any time during 1996?
including MediKan, Caring Program for Kids, at any time during 1996?
including Common Health Program, Medical Security Plan (MSO), CenterCare Program, or Children's Medical Security Plan, at any time during 1996?
including Wayne County Plus Care Program, Medical Assistance Program, or Care Program for Children, at any time during 1996?
including MinnesotaCare, Minnesota General Assistance Medical Care Program (GAMC), at any time during 1996?
including General Relief Medical Assistance, at any time during 1996?
including State Disability Program, at any time during 1996?
including Health Access New Jersey, at any time during 1996?
including Home Relief, Child Health Plus (CHP), at any time during 1996?

including Caring Program for
Children at any time during 1996?
including the Ohio Disability
Assistance Medical Program, at any
time during 1996?
including Children's Health
Insurance Programs (CHIP), General
Assistance Medical Program, at any
time during 1996?
including General Public Assistance
(GPA) Medical Program, at any time
during 1996?
including Health Service, or Utah
Medical Assistance Program (UMAP),
at any time during 1996?
including the State and Local
Hospitalizations (SLH) Program,
Caring Program for Children, at any
time during 1996?
including Basic Health Plan,
Children's Health Program, General
Assistance Unemployable Program
(GA-U), at any time during 1996?
including General Relief Medical,
at any time during 1996?
at any time during 1996?

(PROBE: Anyone else?)

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _____

-WHICHCHA-

What kind of plan were you covered by?

READ CATEGORIES IF NECESSARY

(1) CHAMPUS/CHAMPVA?

- (2) Military Health?
- (3) Indian Health Service?
- (4) General Relief Medical (GRM)?
- (4) County Medical Services Program (CMSP),
Children's Services (CCS)?
- (4) Child Health Plan?
- (4) Health Steps, General Assistance Program (GA)?
- (4) Healthy Kids?
- (4) General Assistance Program (State Child and Family
Assistance, SCFA or Transitional Assistance, TA)?
- (4) Caring Program for Children?
- (4) MediKan, Caring Program for Kids?
- (4) Common Health Program, Medical Security Plan (MSO),
CenterCare Program, Children's Medical Security Plan?
- (4) Wayne County Plus Care Program, Medical Assistance
Program, Care Program for Children?
- (4) MinnesotaCare, Minnesota General Assistance
Medical Care Program (GAMC)?
- (4) General Relief Medical Assistance?
- (4) State Disability Program?
- (4) Health Access New Jersey?
- (4) Home Relief, Child Health Plus (CHP)?
- (4) Caring Program for Children?
- (4) Ohio Disability Assistance Medical Program?
- (4) Children's Health Insurance Programs (CHIP),
General Assistance Medical Program?
- (4) General Public Assistance (GPA) Medical Program?
- (4) Utah Medical Assistance Program (UMAP)?
- (4) State and Local Hospitalizations (SLH) Program,
Caring Program for Children?
- (4) Basic Health Plan, Children's Health Program,
General Assistance Unemployable Program (GA-U)?
- (4) General Relief Medical?

_____ A

-MOCHAMP-

During which months in 1996 were you covered by this type of health
insurance?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD COVERED;
USE "A for ALL; "0 to ERASE; "N for NO MORE

** 1996 **

** 1996 **

___ 1	JAN	___ 7	JUL
___ 2	FEB	___ 8	AUG
___ 3	MAR	___ 9	SEP
___ 4	APR	___ 10	OCT
___ 5	MAY	___ 11	NOV
___ 6	JUN	___ 12	DEC

-WHOEMP-

Who was covered by an employer or
union provided plan?

(PROBE: Anyone else?)

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

(H) Help

LINE NUMBER: _____

-WHOSEMP-

Which person in this household is
the policyholder?

(PROBE: Anyone else?)

ENTER LINE NUMBER OR "Z IF SOMEONE
OUTSIDE HOUSEHOLD.

(H) Help

LINE NUMBER: _____

-EMPPAY-

Does the employer or union pay for all, part, or none of the cost of
the plan?

- (1) All
- (2) Part
- (3) None

-MOEMP-

During which months in 1996 were you covered by this type of health insurance?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD COVERED;
USE "A for ALL; "0 to ERASE; "N for NO MORE

** 1996 **

** 1996 **

___1 JAN

___7 JUL

___2 FEB

___8 AUG

___3 MAR

___9 SEP

___4 APR

___10 OCT

___5 MAY

___11 NOV

___6 JUN

___12 DEC

-WHODIR-

Who was covered at any time in 1996 by
a plan purchased directly, which is not
related to current or past employment?

(H) Help

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER:_____

-WHOSDIR-

In whose name is your policy written;
that is, who is the policy holder?

(H) Help

ENTER LINE NUMBER OR "Z IF SOMEONE
OUTSIDE HOUSEHOLD.

LINE NUMBER: _____

-MODIR-

During which months in 1996 were you covered by this type of health insurance?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD COVERED;
USE "A for ALL; "0 to ERASE; "N for NO MORE

** 1996 **

___1 JAN
___2 FEB
___3 MAR
___4 APR
___5 MAY
___6 JUN

** 1996 **

___7 JUL
___8 AUG
___9 SEP
___10 OCT
___11 NOV
___12 DEC

-WHOOOUT-

Who was covered at any time during
1996 by a health insurance plan of
someone not living in the household?

(PROBE: Anyone else?)

(H) Help

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER:_____

-MOELSE-

During which months in 1996 were you covered by a health insurance
of someone not living in the household?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD COVERED;
USE "A for ALL; "0 to ERASE; "N for NO MORE

** 1996 **

** 1996 **

___1	JAN	___7	JUL
___2	FEB	___8	AUG
___3	MAR	___9	SEP
___4	APR	___10	OCT
___5	MAY	___11	NOV
___6	JUN	___12	DEC

-NOTCOV-

I have recorded that you were not covered by a health plan at any time during 1996. Is that correct?

- (1) Yes, not covered
- (2) No, covered

I have recorded that ... _____

NAME AGE

[roster begin PERSONS]

[fill FULLNAME:b] [fill AGE:r]

[roster end PERSONS]

was not covered by a health plan at any time during 1996. Is that correct?

- (1) Yes, not covered
- (2) No, covered

_____ were not covered by a health plan at any time during 1996. Is that correct?

- (1) Yes, none covered
- (2) No, at least one is covered

-WHOCOV-

Who should be marked as covered?

(PROBE: Anyone else?)

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _____

-TYPEINS-

Please turn to FLASH CARD XX. What type of health insurance were you covered by in 1996?

ENTER EACH TYPE MENTIONED; "N for "no more" 0

- ___ 1 (1) Medicare
- ___ 2 (2) Medicaid, or Medical Assistance Program, the government medical plan for persons with low incomes
- ___ 2 (2) Medicaid, or AHCCCS, Acute Care Program or Long Term Care System (ALTCS), the government medical plan for persons with low incomes
- ___ 2 (2) Medicaid, or Medi-Cal, the government medical plan for persons with low incomes
- ___ 2 (2) Medicaid, or Connecticut Access (CONNECT CARD), the government medical plan for persons with low incomes
- ___ 2 (2) Medicaid, or Medical Assistance, the government medical plan for persons with low incomes
- ___ 2 (2) Medicaid, or MediPass, the government medical plan for persons with low incomes
- ___ 2 (2) Medicaid, or Better Health Care Program or Medical Assistance, the government medical plan for persons with low incomes
- ___ 2 (2) Medicaid, or Med-QUEST, Maluhia or Medical Assistance, the government medical plan for persons with low incomes
- ___ 2 (2) Medicaid, or Healthy Connections or Medical Assistance, the government medical plan for persons with low incomes
- ___ 2 (2) Medicaid, or MediPlan, the government medical plan for persons with low incomes
- ___ 2 (2) Medicaid, or Hoosier Healthwise, the government medical plan for persons with low incomes
- ___ 2 (2) Medicaid, or MediPAS (Medical Assistance), the government medical plan for persons with low incomes
- ___ 2 (2) Medicaid, or PrimeCare, Community Care Kansas (CCK) or HealthConnect, the government medical plan for persons with low incomes
- ___ 2 (2) Medicaid, or Kentucky Patient Access and Care System (KenPAC) or Medical Assistance, the government medical plan for persons with low incomes
- ___ 2 (2) Medicaid, or Community CARE Program, the government medical plan for persons with low incomes
- ___ 2 (2) Medicaid, or PrimeCare, the government medical plan for persons with low incomes

___2 (2) Medicaid, or Maryland Access to Care (MAC) or Medical Assistance, the government medical plan for persons with low incomes

___2 (2) Medicaid, or MassHealth, the government medical plan for persons with low incomes

___2 (2) Medicaid, or Prepaid Medical Assistance Program (PMAP) or Health Care Program, the government medical plan for persons with low incomes

___2 (2) Medicaid, or HealthMACS, the government medical plan for persons with low incomes

___2 (2) Medicaid, or MC Plus, the government medical plan for persons with low incomes

___2 (2) Medicaid, or Passport to Health, the government medical plan for persons with low incomes

___2 (2) Medicaid, or Primary Care Plus (+) or Health Connection, the government medical plan for persons with low incomes

___2 (2) Medicaid, or MAPnet, the government medical plan for persons with low incomes

___2 (2) Medicaid, or New Jersey Care 2000, the government medical plan for persons with low incomes

___2 (2) Medicaid, or Primary Care Network, the government medical plan for persons with low incomes

___2 (2) Medicaid, or MAX, the government medical plan for persons with low incomes

___2 (2) Medicaid, or Carolina Access, the government medical plan for persons with low incomes

___2 (2) Medicaid, or North Dakota Access to Care (NoDAC), the government medical plan for persons with low incomes

___2 (2) Medicaid, or Accessing Better Care (ABC) Program, the government medical plan for persons with low incomes

___2 (2) Medicaid, or SoonerCare, the government medical plan for persons with low incomes

___2 (2) Medicaid, or Oregon Health Plan (OHP), Kaiser-S/HMO or Medical Assistance, the government medical plan for persons with low incomes

___2 (2) Medicaid, or HealthPASS, Family Care Network (FCN), Lancaster Community Health Plan, Blue Card or Green Card or ACCESS, the government medical plan for persons with low incomes

___2 (2) Medicaid, or Rite Care or Medical Assistance, the government medical plan for persons with low incomes

___2 (2) Medicaid, or South Carolina Health Access Plan (SCHAP), the government medical plan for persons with low incomes

____ 2 (2) Medicaid, or Primary Care Provider Program, the government medical plan for persons with low incomes
 ____ 2 (2) Medicaid, or TennCare, the government medical plan for persons with low incomes
 ____ 2 (2) Medicaid, or LoneSTAR (State of Texas Access Reform), the government medical plan for persons with low incomes
 ____ 2 (2) Medicaid, or Dr. Dynosaur, Vermont Health Access Program (VHAP) or AIM, the government medical plan for persons with low incomes
 ____ 2 (2) Medicaid, or Medallion, Options or Medical Assistance, the government medical plan for persons with low incomes
 ____ 2 (2) Medicaid, or Health Access Spokane, Kaiser-S/HMO or Healthy Options, the government medical plan for persons with low incomes
 ____ 2 (2) Medicaid, or West Virginia Physician Assured Access System (PAAS), the government medical plan for persons with low incomes
 ____ 2 (2) Medicaid, or Medical Assistance Program, the government medical plan for persons with low incomes
 ____ 2 (2) Medicaid, the government medical plan for persons with low incomes
 ____ 3 (3) CHAMPUS/TRICARE, CHAMPVA, Military Health, Indian Health Service, or any other government-provided health insurance plan, including General Relief Medical (GRM)
 plan, including County Medical Services Program (CMSP), Children's Services (CCS)
 plan, including Child Health Plan
 plan, including Health Steps, General Assistance Program (GA)
 plan, including Healthy Kids
 plan, including General Assistance Program (State Child and Family Assistance, SCFA or Transitional Assistance, TA)
 plan, including Caring Program for Children
 plan, including MediKan, Caring Program for Kids
 plan, including Common Health Program, Medical Security Plan (MSO), CenterCare Program, Children's Medical Security Plan
 plan, including Wayne County Plus Care Program, Medical Assistance Program, Care Program for Children
 plan, including MinnesotaCare, Minnesota General Assistance Medical Care Program (GAMC)
 plan, including General Relief Medical Assistance
 plan, including State Disability Program
 plan, including Health Access New Jersey

plan, including Home Relief, Child Health Plus (CHP)
 plan, including Caring Program for Children
 plan, including Ohio Disability Assistance Medical Program
 plan, including Children's Health Insurance Programs (CHIP),
 General Assistance Medical Program
 plan, including General Public Assistance (GPA) Medical
 Program
 plan, including Utah Medical Assistance Program (UMAP)
 plan, including State and Local Hospitalizations (SLH)
 Program, Caring Program for Children
 plan, including Basic Health Plan, Children's Health
 Program, General Assistance Unemployable Program (GA-U)
 plan, including General Relief Medical
 plan
 ____ 4 (4) A plan provided (by a person in this household)
 through a current or past employer or union
 ____ 5 (5) A plan purchased directly from an insurance company,
 that is, a private plan not related to a current or
 past employer
 ____ 6 (6) A plan of someone not living in this household

 -MOINS-

During which months in 1996 were you covered by health insurance?
 ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD COVERED;
 USE "A for ALL; "0 to ERASE; "N for NO MORE

** 1996 **	** 1996 **
___ 1 JAN	___ 7 JUL
___ 2 FEB	___ 8 AUG
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___ 5 MAY	___ 11 NOV
___ 6 JUN	___ 12 DEC

-REASNOT-

Please turn to Flashcard X.

Which answer on this card best describes the reason why you weren't covered by health insurance in 1996?

- (1) Job layoff, job loss, or any reasons related to unemployment
- (2) Employer does not offer health insurance
- (3) Can't obtain health insurance because of poor health, illness, or age
- (4) Too expensive; can't afford health insurance
- (5) Don't believe in health insurance
- (6) Have been healthy; not much sickness in the family; haven't needed health insurance
- (7) Able to go to VA or military hospital for medical care
- (8) Person outside this household did not provide health insurance
- (9) Other (specify)

_____ a Specify: _____SP

-CURCOV-

These next few questions are about current health insurance coverage.

Are you currently covered by any type of health insurance, including Medicare and Medicaid?

Is anyone in the household currently covered by any type of health insurance, including Medicare and Medicaid?

- (1) Yes
- (2) No

-WHOCUR-

Who is currently covered?

(PROBE: Anyone else?)

ENTER AS MANY LINE NUMBERS AS NEEDED

OR "N FOR NO MORE. RE-ENTER THE

NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _____

-TYPECUR-

Please turn to FLASH CARD XX. What type of plan are you currently covered by?

ENTER EACH TYPE MENTIONED; "N for "no more" 0

___ 1 (1) Medicare

-1000-

These next questions are about the food eaten in your household.
Which of these statements best describes the food eaten in your household in the last 12 months -- I have enough to eat and the kinds of food I want, I have enough to eat but not always the kinds of food I want, sometimes I don't have enough to eat, or often I don't have enough to eat?

household in the last 12 months -- we have enough to eat and the kinds of food we want, we have enough to eat but not always the kinds of food we want, sometimes we don't have enough to eat, or often we don't have enough to eat?

- (1) Enough and the kinds of food we want
 - (2) Enough but not always the kinds of food we want
 - (3) Sometimes not enough
 - (4) Often not enough
- _____

-1001-

Here are some reasons why people don't always have enough to eat.
For each one, please tell me if that is a reason why you don't always have enough to eat.

READ LIST

Not enough money for food (1) Yes (2) No _____ A

Too hard to get to the store (1) Yes (2) No _____ B

Not able to cook or eat because
of health problems (1) Yes (2) No _____ C

No working stove or refrigerator (1) Yes (2) No _____ D

-1003-

Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often, sometimes, or never true for you in the last 12 months.

whether the statement was often, sometimes, or never true for your household in the last 12 months.

The first statement is "I worried whether my food would run out before I got money to buy more." Was that often, sometimes, or never true for you in the last 12 months?

The first statement is "We worried whether our food would run out before we got money to buy more." Was that often, sometimes, or never true for your household in the last 12 months?

- (1) Often true
 - (2) Sometimes true
 - (3) Never true
- _____

-1004-

"The food that I bought just didn't last, and I didn't have money to get more." Was that often, sometimes, or never true for you in the last 12 months?

"The food that we bought just didn't last, and we didn't have money to get more." Was that often, sometimes, or never true for your household in the last 12 months?

- (1) Often true
 - (2) Sometimes true
 - (3) Never true
- _____

-1005-

"I couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you in the last 12 months?

"We couldn't afford to eat balanced meals." Was that often, sometimes, or never true for your household in the last 12 months?

- (1) Often true
 - (2) Sometimes true
 - (3) Never true
- _____

-1007-

"I relied on only a few kinds of low-cost food to feed [fill CHILDNAME] because I was running out of money to buy food." Was that often, "I relied on only a few kinds of low-cost food to feed the children because I was running out of money to buy food." Was that often, "We relied on only a few kinds of low-cost food to feed [fill CHILDNAME] because we were running out of money to buy food." Was that often, "We relied on only a few kinds of low-cost food to feed the children because we were running out of money to buy food." Was that often, sometimes, or never true for your household in the last 12 months?

- (1) Often true
 - (2) Sometimes true
 - (3) Never true
- _____

-1008-

"I couldn't feed [fill CHILDNAME] a balanced meal because I couldn't
"I couldn't feed the children a balanced meal because I couldn't
"We couldn't feed [fill CHILDNAME] a balanced meal because we couldn't
"We couldn't feed the children a balanced meal because we couldn't
afford that." Was that often, sometimes, or never true for your
household in the last 12 months?

- (1) Often true
 - (2) Sometimes true
 - (3) Never true
- _____

-1009-

"[fill CHILDNAME] was not eating enough because I just couldn't
"The children were not eating enough because I just couldn't
"[fill CHILDNAME] was not eating enough because we just couldn't
"The children were not eating enough because we just couldn't
afford enough food." Was that often, sometimes, or never true

-1011-

How often did this happen -- almost every month, some months but not every month, or in only 1 or 2 months?

(1) Almost every month

(2) No

-1015-

In the last 12 months, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?

In the last 12 months, did you ever not eat for a whole day because there wasn't enough money for food?

(1) Yes

(2) No

-1016-

How often did this happen -- almost every month, some months but not every month, or in only 1 or 2 months?

(1) Almost every month

(2) Some months but not every month

(3) Only 1 or 2 months

-1018-

The next questions are about children living in the household who are under 18 years old.

In the last 12 months, since [fill CURMNTH] [fill LASTYEAR], did you ever cut the size of [fill CHILDNAME]'s meals because there wasn't enough money for food?

size of any of the children's meals because there wasn't enough money for food?

(1) Yes

(2) No

-1019-

In the last 12 months, did [fill CHILDNAME] ever skip a meal
In the last 12 months, did any of the children ever skip a meal
because there wasn't enough money for food?

- (1) Yes
- (2) No

-1020-

How often did this happen -- almost every month, some months but
not every month, or in only 1 or 2 months?

- (1) Almost every month
- (2) Some months but not every month
- (3) Only 1 or 2 months

-1021-

In the last 12 months, was [fill CHILDNAME] ever hungry but you
couldn't afford more food?
In the last 12 months, were any of the children ever hungry but you
just couldn't afford more food?

- (1) Yes
- (2) No

-1022-

In the last 12 months, did [fill CHILDNAME] ever not eat for a
In the last 12 months, did any of the children ever not eat for a
whole day because there wasn't enough money for food?

- (1) Yes
- (2) No

-PICK_SUBJECT-

INTERVIEWER: Which of the designated parents in this household do you want
to interview? (ENTER LINE NUMBER OR "N" FOR NO MORE.) _____

[roster begin PERSONS]
[fill L_NO:r] [fill ABREVNAM:b] \
(completed)\
APPT EXISTS
[roster end PERSONS]

-PICK_RESP-

Is [fill ABREVNAM] available to answer a few questions now?

- <1> Yes
- <2> No

-PRESCHOL-

At any time since September 1996, was [fill FRNAME] enrolled
in preschool?

*** INCLUDE PRE-KINDERGARTEN AS WELL AS PRESCHOOL. ***

- (1) Yes
- (2) No

-PREMONTH-

Since September 1996, which months was [fill FRNAME] enrolled
in preschool?

ENTER BEGIN MONTH AND END MONTH FOR THE RANGE OF MONTHS TO BE
MARKED OR UNMARKED; ENTER "A TO MARK ALL MONTHS; ENTER "N
WHEN NO MORE CHANGES.

** 1996 **	** 1997 **	** 1997 **	
___ 1 SEP	___ 5 JAN	___ 10 JUN	
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___ 3 NOV	___ 7 MAR	___ 12 AUG	
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	___ 9 MAY	___ 14 OCT	

-HEADSTRT-

Was this a Head Start program or something else?

- (1) Head Start
 - (2) Something else
-

-PREPAFOR-

Did [fill MOMFILL] pay for [fill FRNAME]'s preschool?

- (1) Yes
 - (2) No
-

-PREHRSWK-

How many hours did [fill FRNAME] usually attend Head Start each week?

How many hours did [fill FRNAME] usually attend preschool each week?

(1-60)

-REGSCHOL-

At any time since September 1996, was [fill FRNAME] also enrolled in school or kindergarten?

*** INCLUDE KINDERGARTEN AS WELL AS GRADES 1 TO 12 ***

(1) Yes

(2) No

-REGMONTH-

Since September 1996, which months was [fill FRNAME] enrolled in school or kindergarten ?

ENTER BEGIN MONTH AND END MONTH FOR THE RANGE OF MONTHS TO BE MARKED OR UNMARKED; ENTER "A TO MARK ALL MONTHS; ENTER "N WHEN NO MORE CHANGES.

** 1996 **	** 1997 **	** 1997 **	
__1 SEP	__5 JAN	__10 JUN	
__2 OCT	__6 FEB	__11 JUL	
__3 NOV	__7 MAR	__12 AUG	
__4 DEC	__8 APR	__13 SEP	
	__9 MAY	__14 OCT	

-WHTGRADE-

Since September 1996, what was the highest grade in which
[fill FRNAME] was enrolled?

(K) Kindergarten (07) Seventh grade
(01) First grade (08) Eighth grade
(02) Second grade (09) Ninth grade
(03) Third grade (10) Tenth grade
(04) Fourth grade (11) Eleventh grade
(05) Fifth grade (12) Twelfth grade
(06) Sixth grade (P) Post-secondary (Specify type and level)

_____ 1

Specify type and level: _____SP

-LSTMONYR-

In which month and year was [fill FRNAME] LAST enrolled in
school?

ENTER MONTH AS "01" (JANUARY) THROUGH "12" (DECEMBER)
ENTER YEAR AS "84" (1984) THROUGH "97" (1997)

(XX) Never enrolled in school

MONTH: (01-12) _____ MONTH
YEAR: (84-97) _____ YEAR

-TYPSCHOL-

Was [fill FRNAME] enrolled in public or private school?

(1) Public
(2) Private
(3) Other type (Specify)

_____ 1
Specify: _____SP

-GIFTEDED-

Did [fill FRNAME] attend special classes for gifted students or do advanced work in any subjects since September 1996?

- (1) Yes
 - (2) No
- _____

-EXPELLED-

Was [fill FRNAME] suspended or expelled from school at any time since September 1996?

- (1) Yes
 - (2) No
- _____

-TIMESEXP-

How many times did this happen?

ENTER NUMBER; IF ANSWER IS GREATER THAN 4, ENTER "4"

- (1) Once
 - (2) Twice
 - (3) Three times
 - (4) Four or more times
- _____

-CHSCHOOL-

Since September 1996, did [fill FRNAME] change schools?

- (1) Yes
- (2) No

-TIMESCHG-

How many times did [fill FRNAME] change schools since
September 1996?

*** ENTER NUMBER: IF ANSWER IS GREATER THAN 4, ENTER 4 ***

- (1) Once
- (2) Twice
- (3) Three times
- (4) Four or more times

-WHYCHANG-

Why did [fill FRNAME] change schools since
September 1996? _____a

READ ALL RESPONSE CATEGORIES ENTER EACH REASON MENTIONED
MARK "N" for "NO MORE"

- ___ b (1) Child moved
- ___c (2) Academic reasons
- ___f (3) Change in assigned school
- ___h (4) Preferred to attend a different school
- ___i (5) Graduated from elementary to middle school
- ___j (6) Graduated from middle school to high school
- ___ m (7) Other reason (Specify)

Specify:_____SP

-whychang_a-

CANNOT ENTER THAT [fill FRNAME] GRADUATED FROM BOTH
ELEMENTARY AND MIDDLE SCHOOL _____

-SPORTS-

The next few questions are about activities that [fill FRNAME]
may have participated in outside of the regular school day.

Since September 1996, was [fill FRNAME] on any kind of a sports
team?

- (1) Yes
- (2) No

-LESSONS-

Did [fill FRNAME] take lessons after school or on weekends in
subjects like music, dance, language, or computers at any
time since September 1996?

- (1) Yes
- (2) No

-OTHERACT-

Did [fill FRNAME] participate in any clubs or organizations
after school or on weekends, such as Scouts, school newspaper,
glee club, or a religious group at any time since September 1996?

- (1) Yes
- (2) No

-TVRULES-

The next few questions are about television viewing.

Are there family rules about what television programs
[fill FRNAME] can watch?

- (1) Yes
 - (2) No
 - (X) Family has no television
- _____

-TVHOURS-

How many hours per week does [fill FRNAME] usually watch
television?

ENTER NUMBER OF HOURS PER WEEK FROM
"0" (DOES NOT WATCH TV) TO "99" (99 HOURS OR MORE)

- (0) Does not watch TV
 - (1-99)
- _____

-EDUCATTV-

Of the time [fill FRNAME] usually spends watching TV per week,
Of the [fill TVHOURS] hours [fill FRNAME] usually spends watching TV per week,
Of the 1 hour [fill FRNAME] usually spends watching TV per week,
Of the 99 or more hours [fill FRNAME] usually spends watching TV per week,
how many hours does [fill HESHE] usually spend watching
educational programs?

ENTER NUMBER OF HOURS PER WEEK FROM "0" (DOES NOT WATCH
EDUCATIONAL PROGRAMS) TO "99" (99 HOURS OR MORE)

- (0) None
- (1-99)

-READTOCH-

The next few questions are about activities you
or another family member may do with [fill FRNAME].

DURING THE PAST WEEK, how often have you or
another family member read stories to [fill FRNAME]?

SHOW FLASHCARD XX. READ ALL RESPONSE CATEGORIES.

- (1) Never
 - (2) Once in the past week
 - (3) Several times in the past week
 - (4) Every day or almost every day
 - (5) More than once a day
-

-OUTINGCH-

DURING THE PAST MONTH, how often did you or other family members
take [fill FRNAME] on any kind of outing such as to a
park, library, zoo, church, playground, or shopping center?

SHOW FLASHCARD XX. READ ALL RESPONSE CATEGORIES.

- (1) Never
 - (2) Once in the past month
 - (3) About once a week
 - (4) Several times a week
 - (5) Every day or almost every day
-

-CHLDHLTH-

These next few questions are about [fill FRNAME]'s health.
Would you say [fill HISHER] health in general is excellent, very good, good,
fair, or poor?

- (1) Excellent
 - (2) Very good
 - (3) Good
 - (4) Fair
 - (5) Poor
- _____

-HASDISAB-

Have you ever been told by a health professional that
[fill FRNAME] has a developmental or learning
disability?

- (1) Yes
 - (2) No
- _____

-HLTHCON6-

Does [fill FRNAME] have a health condition that makes it
difficult to do things appropriate for [fill HISHER] age?

- (1) Yes
 - (2) No
- _____

-HLTHCOND-

Because of a physical, learning, or mental health condition, does [fill FRNAME] currently have any limitation in [fill HISHER] ability to do regular school work?

- (1) Yes
- (2) No

(H) Help

-GETSPED-

During the past 12 months, that is, since [fill CURMNTH] [fill LASTYEAR], did [fill FRNAME] receive any special education services?

- (1) Yes
- (2) No

(H) Help

-BEHPROB-

Were you ever told by a school or health professional that [fill FRNAME] had an emotional or behavioral problem?

- (1) Yes
 - (2) No
- _____

-CDIFSEE-

Does [fill FRNAME] have difficulty seeing the words and letters in ordinary newspaper print even when wearing glasses or contact lenses?

- (1) Yes
- (2) No

-CSEEWDRS-

Is [fill FRNAME] able to see the words and letters in ordinary newspaper print at all?

- (1) Yes
- (2) No

-CSPECAID-

Does [fill FRNAME] use any special aids such as a cane, wheelchair, or a hearing aid?

- (1) Yes
- (2) No

-CTYPEAID-

Which type of aid does [fill FRNAME] use? PROBE: Anything else?

ENTER EACH AID MENTIONED OR "N FOR "NO MORE" _____0
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ___1 (1) Cane
- ___2 (2) Wheelchair
- ___3 (3) Walker
- ___4 (4) Crutches
- ___5 (5) Leg brace
- ___6 (6) Hearing aid
- ___7 (7) Other

-CDIFHEAR-

Does [fill FRNAME] have any difficulty hearing what is said in a normal conversation with another person even using a hearing aid if [fill HESHE] usually wears one?

Does [fill FRNAME] have any difficulty hearing what is said in a normal conversation with another person?

- (1) Yes
- (2) No

-CHEARNRM-

Is [fill FRNAME] able to hear what is said in a normal conversation at all?

- (1) Yes
- (2) No

-CHOSPAT-

During the past 12 months, that is, since [fill CURMNTH] [fill LASTYEAR], was [fill FRNAME] a patient in a hospital overnight or longer?

- (1) Yes
(2) No
- _____

-CTIMEHSP-

How many different times was [fill FRNAME] admitted to a hospital for an overnight stay or longer during the past 12 months?

NUMBER OF TIMES: _____

-CREASHSP-

What was the reason for [fill FRNAME]'s most recent hospital stay?

What was the reason for [fill FRNAME]'s hospital stay?

ENTER EACH REASON MENTIONED OR "N FOR "NO MORE": _____ 0
TO "UNMARK" AN ENTRY, RE_ENTER THE NUMBER

- ___ 1 (1) Child birth
___ 2 (2) Surgery or operation (including bone setting or getting stitches)
___ 3 (3) Emergency room/accidental injury
___ 4 (4) Mental or emotional problem or disorder
___ 5 (5) Drug or alcohol abuse problem or disorder
___ 6 (6) Other medical

SPECIFY: _____ SP

-CNGHTHSP-

How many total nights did [fill FRNAME] spend in a hospital
in the past 12 months?

NUMBER OF NIGHTS: _____

-CNODRVST-

Excluding those times when [fill FRNAME] was in the hospital,
how many times did [fill FRNAME] see a medical doctor
or assistant in the past 12 months?

How many times did [fill FRNAME] see a medical doctor
or assistant in the past 12 months?

NUMBER OF TIMES: _____

-CNODRTLK-

How many times did you talk to a medical doctor or assistant about
[fill FRNAME]'s health, in the past 12 months?

Excluding this visit, how many times did you talk to a medical
doctor or assistant about [fill FRNAME]'s health, in the
past 12 months?

Excluding these visits, how many times did you talk to a medical
doctor or assistant about [fill FRNAME]'s health, in the
past 12 months?

How many times did you or other household members talk to a medical
doctor or assistant about [fill FRNAME]'s health, in the past 12
months?

Excluding this visit, how many times did you or other household
members talk to a medical doctor or assistant about [fill FRNAME]'s
health, in the past 12 months?

Excluding these visits, how many times did you or other household
members talk to a medical doctor or assistant about about
[fill FRNAME]'s health, in the past 12 months?

NUMBER OF TIMES: _____

-CNODTVST-

In the past 12 months, that is since [fill CURMNTH] [fill CDAY], [fill LASTYEAR], how many visits did [fill FRNAME] make to a dentist, including orthodontists, oral surgeons, and dental hygienists?

NUMBER OF VISITS: _____

-CVISTPLC-

Is there a place that [fill FRNAME] goes if [fill HESHE] is sick or needs advice about [fill HISHER] health?

- (1) Yes
- (2) No

-CPLACTYP-

What kind of place is it -- a clinic, a doctor's office, an emergency room, or some other place?

- (1) Clinic or health center
- (2) Doctor's office (or HMO)
- (3) Hospital emergency room
- (4) Hospital outpatient department
- (5) Some other place

-CPAYDREX-

During [fill PRIOR_MO] did you pay any medical expenses for [fill FRNAME] -- include any doctor, dentist, or hospital bills, or any prescription medicines?

- (1) Yes
- (2) No

-CWHATPA-

Not counting amounts that will be reimbursed by insurance, how much did you pay last month for [fill FRNAME]'s medical expenses?

\$ _____

-CAREARR-

In addition to school, please
tell me which of these [fill MOMFILL] used
for [fill FRNAME][n] on a regular basis between JAN 1996 and OCT 1997.

INTERVIEWER: Enter the item number to mark or unmark each choice.
Enter "N" when there are no more changes. _____0

- ___1 (1) Child's other parent/stepparent cared for child while designated parent/guardian was at work, school, training, looking for work.
- ___2 (2) Designated parent/guardian cared for child while he/she was working, at school or training, or looking for work.
- ___3 (3) Child's brother or sister age 15 or older
- ___4 (4) Child's brother or sister under 15
- ___5 (5) Child's grandparent
- ___6 (6) Any other relative
- ___7 (7) Family day care home (2 or more kids in provider's home)
- ___8 (8) A nonrelative such as a friend, neighbor, sitter or nanny
- ___9 (9) Nursery school or preschool
- ___10 (10) Federally-funded Head Start program
- ___11 (11) Child care or day care center
- ___12 (12) School-based before or after school care
- ___14 (14) Child stayed by [fill SELF]
- ___15 (15) Any other type of arrangement (Specify below)
- ___SP

-AR1MNTHS-

Between January 1996 and October 1997, which months has
[fill FRNAME] been cared for on a regular basis by
[fill HISHER] other parent or stepparent?

INTERVIEWER: Enter "FROM (MONTH) TO (MONTH)" for each period of care;
use "A for ALL; use "0 to erase; use "N \
for no more.

** 1996 **	** 1996 **	** 1997 **	
___1 JAN		___9 SEP	___15 MAR
___2 FEB		___10 OCT	___16 APR
___3 MAR		___11 NOV	___17 MAY
___4 APR		___12 DEC	___18 JUN
___5 MAY			___19 JUL
___6 JUN	** 1997 **		___20 AUG
___7 JUL		___13 JAN	___21 SEP
			___22 OCT
___8 AUG		___14 FEB	

-AR1HRSWK-

DURING SEPTEMBER 1997, how many hours per WEEK did [fill FRNAME]'s[n]
other parent or stepparent usually care for [fill HIMHER]?

<1-99> Enter actual hours

___1 hours per week

Was that 1 hour per week while [fill MOMFILL] [fill m_waswere]
[fill ATWORK]?

<1> Yes

<2> No

___2a

Of those [fill AR1HRSWK] 1] hours per week, how many of them were while
[fill MOMFILL] [fill m_waswere] [fill ATWORK]?

<0-99> Enter actual hours

___ 2b hours per week

-RE1WHERE-

Did [fill FRNAME]'s other parent or stepparent care for
[fill HIMHER] in [fill FRNAME]'s home, the other parent's home,
another person's home, or someplace else?

PROBE: Where was [fill FRNAME] cared for most of the time?

- <1> Child's home
 - <2> Other parent's home (parent doesn't live with child)
 - <3> Another person's home
 - <4> Someplace else
- _____

-AR2MNTHS-

Between January 1996 and October 1997, which months has
[fill FRNAME][n] been cared for on a regular basis by
[fill MOMFILL] while working, job hunting, at school or job training?

INTERVIEWER: Enter "FROM (MONTH) TO (MONTH)" for each period of care;
use "A for ALL; use "0 to erase; use "N \
for no more.

** 1996 **	** 1996 **	** 1997 **	
___ 1 JAN		___ 9 SEP	___ 15 MAR
___ 2 FEB		___ 10 OCT	___ 16 APR
___ 3 MAR		___ 11 NOV	___ 17 MAY
___ 4 APR		___ 12 DEC	___ 18 JUN
___ 5 MAY			___ 19 JUL
___ 6 JUN	** 1997 **	___ 20 AUG	
___ 7 JUL		___ 13 JAN	___ 21 SEP
___ 8 AUG		___ 14 FEB	___ 22 OCT

-AR2HRSWK-

DURING SEPTEMBER 1997, how many hours per WEEK did [fill MOMFILL]
care for [fill FRNAME][n] while [fill youheshe] [fill m_waswere]
[fill ATWORK]?

<1-99> Enter actual hours

_____ hours per week

-RE2WHERE-

Did [fill MOMFILL] care for [fill FRNAME][n]
in [fill FRNAME]'s home or someplace else?

NOTE: RESPONSE "1" APPLIES ONLY if [fill MOMFILL]
work, receive schooling, etc., at home.\
works, receives schooling, etc., at home.

IF NECESSARY: Where was [fill FRNAME] cared for most of
the time?

- <1> Child's home
- <2> Someplace else

-AR3MNTHS-

Between January 1996 and October 1997, which months has
[fill FRNAME] been cared for on a regular basis by
his brother or sister age 15 or older?

INTERVIEWER: Enter "FROM (MONTH) TO (MONTH)" for each period of care;
use "A for ALL; use "0 to erase; use "N \
for no more.

** 1996 ** ** 1996 ** ** 1997 **
 ___ 1 JAN

-AR3HRSWK-

DURING SEPTEMBER 1997, how many hours per WEEK did [fill FRNAME]'s[n]
brother or sister age 15 or older usually care for [fill HIMHER]?

<1-99> Enter actual hours

_____1 hours per week

Was that 1 hour per week while [fill MOMFILL] [fill m_waswere]
[fill ATWORK]?

<1> Yes

<2> No

_____ 2a

Of those [fill AR3HRSWK] _____1] hours per week, how many of them were while
[fill MOMFILL] [fill m_waswere] [fill ATWORK]?

<0-99> Enter actual hours

_____ 2b hours per week

-RE3WHERE-

Did [fill FRNAME]'s brother or sister age 15 or over
care for [fill HIMHER] in [fill FRNAME]'s home, the caregiver's
home, or someplace else?

IF NECESSARY: Where was [fill FRNAME] cared for most of the time?

<1> Child's home

<2> Caregiver's home (caregiver doesn't live with child)

<3> Someplace else

-AR4MNTHS-

Between January 1996 and October 1997, which months has
[fill FRNAME] been cared for on a regular basis
by his brother or sister under age 15?

INTERVIEWER: Enter "FROM (MONTH) TO (MONTH)" for each period of care;
use "A for ALL; use "0 to erase; use "N \
for no more.

** 1996 **	** 1996 **	** 1997 **	
___ 1	JAN	___ 9	SEP
___ 2	FEB	___ 10	OCT
___ 3	MAR	___ 11	NOV
___ 4	APR	___ 12	DEC
___ 5	MAY		___ 15 MAR
___ 6	JUN		___ 16 APR
___ 7	JUL		___ 17 MAY
___ 8	AUG		___ 18 JUN
			___ 19 JUL
			___ 20 AUG
		___ 13	JAN
		___ 14	FEB
			___ 21 SEP
			___ 22 OCT

-AR4HRSWK-

DURING SEPTEMBER 1997, how many hours per WEEK did [fill FRNAME]'s[n]
brother or sister UNDER age 15 usually care for [fill HIMHER]?

<1-99> Enter actual hours

_____1 hours per week

Was that 1 hour per week while [fill MOMFILL] [fill m_waswere]
[fill ATWORK]?

<1> Yes

<2> No

_____ 2a

Of those [fill AR4HRSWK _____1] hours per week, how many of them were while
[fill MOMFILL] [fill m_waswere] [fill ATWORK]?

<0-99> Enter actual hours

_____2b hours per week

-RE4WHERE-

Did [fill FRNAME]'s[n] brother or sister UNDER age 15
care for [fill HIMHER] in [fill FRNAME]'s home, the caregiver's
home, or someplace else?

IF NECESSARY: Where was [fill FRNAME] cared for most of the time?

- <1> Child's home
 - <2> Caregiver's home (caregiver doesn't live with child)
 - <3> Someplace else
- _____

-AR5MNTHS-

Between January 1996 and October 1997, which months has
[fill FRNAME] been cared for on a regular basis by
[fill HISHER] grandparent or set of grandparents?

INTERVIEWER: Enter "FROM (MONTH) TO (MONTH)" for each period of care;
use "A for ALL; use "0 to erase; use "N \
for no more.

** 1996 **

** 1996 **

** 1997 **

___1 JAN
___2 FEB
___3 MAR
___4 APR
___5 MAY
___6 JUN
___7 JUL
___8 AUG

___9 SEP
___10 OCT
___11 NOV
___12 DEC

___15 MAR
___16 APR
___17 MAY
___18 JUN
___19 JUL
___20 AUG

** 1997 **

___13 JAN
___14 FEB

___21 SEP
___22 OCT

-AR5HRSWK-

DURING SEPTEMBER 1997, how many hours per WEEK did a grandparent or set of grandparents usually care for [fill FRNAME]?

<1-99> Enter actual hours

_____1 hours per week

Was that 1 hour per week while [fill MOMFILL] [fill m_waswere] [fill ATWORK]?

<1> Yes

<2> No

_____2a

Of those [fill AR5HRSWK _____1] hours per week, how many of them were while [fill MOMFILL] [fill m_waswere] [fill ATWORK]?

<0-99> Enter actual hours

_____2b hours per week

-RE5WHERE-

Did [fill FRNAME]'s[n] grandparent or set of grandparents usually care for [fill HIMHER] in [fill FRNAME]'s home, the grandparent's home, or someplace else?

IF NECESSARY: Where was [fill FRNAME] cared for most of the time?

<1> Child's home

<2> Grandparent's home (grandparent doesn't live with child)

<3> Someplace else

-RESP5PAY-

How much, if anything, did [fill MOMFILL] pay for this arrangement?

ARRANGEMENT: Grandparent or set of grandparents

NOTE TO INTERVIEWER: If cost covered more than one child in this household, ask respondent to split amount among the children.

<1-99999> Enter dollar amount

<0> Paid nothing

<NC> Non-cash arrangement (e.g. providing room and board, exchanging child care)

\$_____1

READ IF NECESSARY: Was that per hour, day, week, every two weeks, month, or year?

<1> Hour

<4> Every two weeks

<2> Day

<5> Month

<3> Week

<6> Year

_____2

-ELSEPAY5-

Did anyone else pay for part or all of the cost of this child care arrangement?

IF NECESSARY: By this I mean a government agency, an employer, a relative or friend.

<1> Yes

<2> No

_____YN

Who or what agency helped pay for this arrangement?

(MARK "X" ALL THAT APPLY.)

___1 Government (Federal, state, or local government agency, or welfare office)

___2 Child's other parent (parent doesn't live with child)

___3 Employer

___4 Other (Please specify below)

___SP

-AR6MNTHS-

Between January 1996 and October 1997, which months has
[fill FRNAME] been cared for by an other relative?

INTERVIEWER: Enter "FROM (MONTH) TO (MONTH)" for each period of care;
use "A for ALL; use "0 to erase; use "N \
for no more.

** 1996 **	** 1996 **	** 1997 **	
___1 JAN		___9 SEP	___15 MAR
___2 FEB		___10 OCT	___16 APR
___3 MAR		___11 NOV	___17 MAY
___4 APR		___12 DEC	___18
___5 MAY			
___6 JUN	** 1997 **	___20 AUG	
___7 JUL		___13 JAN	___21 SEP
___8 AUG		___14 FEB	___22 OCT

-AR6HRSWK-

DURING SEPTEMBER 1997, how many hours per WEEK did [fill FRNAME]'s
other relative usually care for [fill HIMHER]?

<1-99> Enter actual hours

_____ 1 hours per week

Was that 1 hour per week while [fill MOMFILL] [fill m_waswere]
[fill ATWORK]?

<1> Yes

<2> No

_____ 2a

Of those [fill AR6HRSWK _____1] hours per week, how many of them were while
[fill MOMFILL] [fill m_waswere] [fill ATWORK]?

<0-99> Enter actual hours

_____ 2b hours per week

-RE6WHERE-

Did this relative usually care for [fill FRNAME] in
[fill FRNAME]'s home, the relative's home, or someplace else?

IF NECESSARY: Where was [fill FRNAME] cared for most of the time?

- <1> Child's home
- <2> Relative's home (relative doesn't live with child)
- <3> Someplace else

-RESP6PAY-

How much, if anything, did [fill MOMFILL] pay for this arrangement?
ARRANGEMENT: Other relative

NOTE TO INTERVIEWER: If cost covered more than one child in
this household, ask respondent to split amount among the children.

- <1-99999> Enter dollar amount
 - <0> Paid nothing
 - <NC> Non-cash arrangement (e.g. providing room
and board, exchanging child care)
- \$ _____1

READ IF NECESSARY: Was that per hour, day, week, every two weeks,
month, or year?

- | | |
|----------|---------------------|
| <1> Hour | <4> Every two weeks |
| <2> Day | <5> Month |
| <3> Week | <6> Year |

_____2

-ELSEPAY6-

Did anyone else pay for part or all of the cost of this child care arrangement?

IF NECESSARY: By this I mean a government agency, an employer, a relative or friend.

<1> Yes

<2> No

_____YN

Who or what agency helped pay for this arrangement?

(MARK "X" ALL THAT APPLY.)

_____1 Government (Federal, state, or local government agency, or welfare office)

_____2 Child's other parent (parent doesn't live with child)

_____3 Employer

_____4 Other (Please specify below)

_____SP

-AR7MNTHS-

Between January 1996 and October 1997, which months has [fill FRNAME] been cared for on a regular basis in a family day care home?

INTERVIEWER: Enter "FROM (MONTH) TO (MONTH)" for each period of care; use "A for ALL; use "0 to erase; use "N \ for no more.

** 1996 **

** 1996 **

** 1997 **

___1 JAN

___2 FEB

___3 MAR

___4 APR

___5 MAY

___6 JUN

___7 JUL

___8 AUG

___9 SEP

___10 OCT

___11 NOV

___12 DEC

___15 MAR

___16 APR

___17 MAY

___18 JUN

___19 JUL

___20 AUG

** 1997 **

___13 JAN

___14 FEB

___21 SEP

___22 OCT

-AR7HRSWK-

DURING SEPTEMBER 1997, how many hours per WEEK was [fill FRNAME]
usually cared for in a family day care home?

<1-99> Enter actual hours

_____1 hours per week

Was that 1 hour per week while [fill MOMFILL] [fill m_waswere]
[fill ATWORK]?

<1> Yes

<2> No

____2a

Of those [fill AR7HRSWK _____1] hours per week, how many of them were while
[fill MOMFILL] [fill m_waswere] [fill ATWORK]?

<0-99> Enter actual hours

____2b hours per week

-RESP7PAY-

How much, if anything, did [fill MOMFILL] pay for this arrangement?
ARRANGEMENT: Family day care home

NOTE TO INTERVIEWER: If cost covered more than one child in
this household, ask respondent to split amount among the children.

<1-99999> Enter dollar amount

<0> Paid nothing

<NC> Non-cash arrangement (e.g. providing room
and board, exchanging child care)

\$ _____1

READ IF NECESSARY: Was that per hour, day, week, every two weeks,
month, or year?

<1> Hour

<4> Every two weeks

<2> Day

<5> Month

<3> Week

<6> Year

-ELSEPAY7-

Did anyone else pay for part or all of the cost of this child care arrangement?

IF NECESSARY: By this I mean a government agency, an employer, a relative or friend.

<1> Yes

<2> No

_____YN

Who or what agency helped pay for this arrangement?
(MARK "X" ALL THAT APPLY.)

- ____1 Government (Federal, state, or local government agency, or welfare office)
____2 Child's other parent (parent doesn't live with child)
____3 Employer
____4 Other (Please specify below)
____ SP

-AR8MNTHS-

Between January 1996 and October 1997, which months has [fill FRNAME] been cared for on a regular basis by a non-relative?

INTERVIEWER: Enter "FROM (MONTH) TO (MONTH)" for each period of care; use "A for ALL; use "0 to erase; use "N \ for no more.

** 1996 **

** 1996 **

** 1997 **

____1 JAN
____2 FEB
____3 MAR
____4 APR
____5 MAY
____6 JUN
____7 JUL
____8 AUG

____9 SEP
____10 OCT
____11 NOV
____12 DEC

____13 JAN
____14 FEB

** 1997 **

____15 MAR
____16 APR
____17 MAY
____18 JUN
____19 JUL
____20 AUG
____21 SEP
____22 OCT

-AR8HRSWK-

DURING SEPTEMBER 1997, how many hours per WEEK did a non-relative usually care for [fill FRNAME]?

<1-99> Enter actual hours

_____ 1 hours per week

Was that 1 hour per week while [fill MOMFILL] [fill m_waswere] [fill ATWORK]?

<1> Yes

<2> No

_____2a

Of those [fill AR8HRSWK]_____1] hours per week, how many of them were while [fill MOMFILL] [fill m_waswere] [fill ATWORK]?

<0-99> Enter actual hours

_____2b hours per week

-RE8WHERE-

Did this non-relative usually care for [fill FRNAME] in [fill FRNAME]'s home, the caregiver's home, or someplace else?

IF NECESSARY: Where was [fill FRNAME] cared for most of the time?

<1> Child's home

<2> Caregiver's home (caregiver doesn't live with child)

<3> Someplace else

-RESP8PAY-

How much, if anything, did [fill MOMFILL] pay for this arrangement?
ARRANGEMENT: Non-relative such as friend, neighbor, sitter (first)

NOTE TO INTERVIEWER: If cost covered more than one child in
this household, ask respondent to split amount among the children.

<1-99999> Enter dollar amount

<0> Paid nothing

<NC> Non-cash arrangement (e.g. providing room
and board, exchanging child care)

\$ _____1

READ IF NECESSARY: Was that per hour, day, week, every two weeks,
month, or year?

<1> Hour

<4> Every two weeks

<2> Day

<5> Month

<3> Week

<6> Year

_____2

-ELSEPAY8-

Did anyone else pay for part or all of the cost of this child
care arrangement?

IF NECESSARY: By this I mean a government agency, an employer,
a relative or friend.

<1> Yes

<2> No

_____YN

Who or what agency helped pay for this arrangement?
(MARK "X" ALL THAT APPLY.)

___1 Government (Federal, state, or local government
agency, or welfare office)

___2 Child's other parent (parent doesn't live with child)

___3 Employer

___4 Other (Please specify below)

___ SP

-AR9MNTHS-

Between January 1996 and October 1997, which months has
[fill FRNAME] attended nursery school or preschool
on a regular basis?

INTERVIEWER: Enter "FROM (MONTH) TO (MONTH)" for each period of care;
use "A for ALL; use "0 to erase; use "N \
for no more.

** 1996 **	** 1996 **	** 1997 **	
___1	JAN	___9	SEP
___2	FEB	___10	OCT
___3	MAR	___11	NOV
___4	APR	___12	DEC
___5	MAY		
___6	JUN		
___7	JUL		
___8	AUG		
		___19	JUL
		___20	AUG
		___21	SEP
		___22	OCT

-AR9HRSWK-

DURING SEPTEMBER 1997, how many hours per WEEK did [fill FRNAME][n]
attend a nursery school or preschool?

<1-99> Enter actual hours

_____1 hours per week

Was that 1 hour per week while [fill MOMFILL] [fill m_waswere]
[fill ATWORK]?

<1> Yes

<2> No

____2a

Of those [fill AR9HRSWK_____1] hours per week, how many of them were while
[fill MOMFILL] [fill m_waswere] [fill ATWORK]?

<0-99> Enter actual hours

____2b hours per week

-RESP9PAY-

How much, if anything, did [fill MOMFILL] pay for this program?

PROGRAM: Nursery school or preschool

NOTE TO INTERVIEWER: If cost covered more than one child in this household, ask respondent to split amount among the children.

<1-99999> Enter dollar amount

<0> Paid nothing

<NC> Non-cash arrangement (e.g. providing room and board, exchanging child care)

\$_____1

READ IF NECESSARY: Was that per hour, day, week, every two weeks, month, or year?

<1> Hour

<4> Every two weeks

<2> Day

<5> Month

<3> Week

<6> Year (calendar year or school year)

_____2

-ELSEPAY9-

Did anyone else pay for part or all of the cost of this child care program?

IF NECESSARY: By this I mean a government agency, an employer, a relative or friend.

<1> Yes

<2> No

_____YN

Who or what agency helped pay for this arrangement?

(MARK "X" ALL THAT APPLY.)

____1 Government (Federal, state, or local government agency, or welfare office)

____2 Child's other parent (parent doesn't live with child)

____3 Employer

____4 Other (Please specify below)

____SP

Between January 1996 and October 1997, which months has [fill FRNAME] been enrolled in Head Start?

INTERVIEWER: Enter "FROM (MONTH) TO (MONTH)" for each period of care; use "A for ALL; use "0 to erase; use "N \ for no more.

** 1996 **		** 1996 **		** 1997 **			
___1	JAN			___9	SEP	___15	MAR
___2	FEB			___10	OCT	___16	APR
___3	MAR			___11	NOV	___17	MAY
___4	APR			___12	DEC	___18	JUN
___5	MAY					___19	JUL
___6	JUN	** 1997 **				___20	AUG
___7	JUL			___13	JAN	___21	SEP
___8	AUG			___14	FEB	___22	OCT

DURING SEPTEMBER 1997, how many hours per WEEK did [fill FRNAME] usually attend Head Start?

_____ 1 hours per week

<1> Yes
<2> No

_____ 2a
Of those [fill A10HRSWK_____1] hours per week, how many of them were while
[fill MOMFILL] [fill m_waswere] [fill ATWORK]?

_____ 2b hours per week

-RES10PAY-

How much, if anything, did [fill MOMFILL] pay for this program?

PROGRAM: Head Start

NOTE TO INTERVIEWER: If cost covered more than one child in this household, ask respondent to split amount among the children.

<1-99999> Enter dollar amount

<0> Paid nothing

<NC> Non-cash arrangement (e.g. providing room and board, exchanging child care)

\$ _____1

READ IF NECESSARY: Was that per hour, day, week, every two weeks, month, or year?

<1> Hour

<4> Every two weeks

<2> Day

<5> Month

<3> Week

<6> Year

_____2

-ELSPAY10-

Did anyone else pay for part or all of the cost of this program?

IF NECESSARY: By this I mean a government agency, an employer, a relative or friend.

<1> Yes

<2> No

_____YN

Who or what agency helped pay for this arrangement?

(MARK "X" ALL THAT APPLY.)

___1 Government (Federal, state, or local government agency, or welfare office)

___2 Child's other parent (parent doesn't live with child)

___3 Employer

___4 Other (Please specify below)

___SP

-AR11MTHS-

Between January 1996 and October 1997, which months has
[fill FRNAME] been cared for by a child care or day care
center on a regular basis?

INTERVIEWER: Enter "FROM (MONTH) TO (MONTH)" for each period of care;
use "A for ALL; use "0 to erase; use "N \
for no more.

** 1996 **	** 1996 **	** 1997 **			
___1	JAN	___9	SEP		
___2	FEB	___10	OCT		
___3	MAR	___11	NOV		
___4	APR	___12	DEC		
___5	MAY		___15	MAR	
___6	JUN	** 1997 **	___16	APR	
___7	JUL	___13	JAN	___17	MAY
___8	AUG	___14	FEB	___18	JUN
				___19	JUL
				___20	AUG
				___21	SEP
				___22	OCT

-AR11HRWK-

DURING SEPTEMBER 1997, how many hours per WEEK was [fill FRNAME]
cared for in a child care or day care center?

<1-99> Enter actual hours

1 hours per week

Was that 1 hour per week while [fill MOMFILL] [fill m_waswere]
[fill ATWORK]?

<1> Yes

<2> No

_____2a

Of those [fill AR11HRWK]_____1] hours per week, how many of them were while
[fill MOMFILL] [fill m_waswere] [fill ATWORK]?

<0-99> Enter actual hours

_____2b hours per week

-RES11PAY-

How much, if anything, did [fill MOMFILL] pay for this program?

PROGRAM: Child care or day care center

NOTE TO INTERVIEWER: If cost covered more than one child in this household, ask respondent to split amount among the children.

<1-99999> Enter dollar amount

<0> Paid nothing

<NC> Non-cash arrangement (e.g. providing room and board, exchanging child care)

\$_____1

READ IF NECESSARY: Was that per hour, day, week, every two weeks, month, or year?

<1> Hour

<4> Every two weeks

<2> Day

<5> Month

<3> Week

<6> Year

____2

-ELSPAY11-

Did anyone else pay for part or all of the cost of this child care or day care program?

IF NECESSARY: By this I mean a government agency, an employer, a relative or friend.

<1> Yes

<2> No

____YN

Who or what agency helped pay for this arrangement?

(MARK "X" ALL THAT APPLY.)

____1 Government (Federal, state, or local government agency, or welfare office)

____2 Child's other parent (parent doesn't live with child)

____3 Employer

____4 Other (Please specify below)

____SP

-A12MNTHS-

Between January 1996 and October 1997, which months has
[fill FRNAME] been cared for in a before or after school
program on a regular basis?

INTERVIEWER: Enter "FROM (MONTH) TO (MONTH)" for each period of care;
use "A for ALL; use "0 to erase; use "N \
for no more.

** 1996 **	** 1996 **	** 1997 **	
___1 JAN		___9 SEP	___15 MAR
___2 FEB		___10 OCT	___16 APR
___3 MAR		___11 NOV	___17 MAY
___4 APR		___12 DEC	___18 JUN
___5 MAY			___19 JUL
___6 JUN	** 1997 **		___20 AUG
___7 JUL		___13 JAN	___21 SEP
___8 AUG		___14 FEB	___22 OCT

-A12HRSWK-

DURING SEPTEMBER 1997, how many hours per WEEK was [fill FRNAME][n]
cared for in a before or after school care program?

<1-99> Enter actual hours

1 hours per week

Was that 1 hour per week while [fill MOMFILL] [fill m_waswere]
[fill ATWORK]?

<1> Yes

<2> No

___ 2a

Of those [fill A12HRSWK]___1] hours per week, how many of them were while
[fill MOMFILL] [fill m_waswere] [fill ATWORK]?

<0-99> Enter actual hours

___ 2b hours per week

-RES12PAY-

How much, if anything, did [fill MOMFILL] pay for this program?

PROGRAM: Before or after school program

NOTE TO INTERVIEWER: If cost covered more than one child in this household, ask respondent to split amount among the children.

<1-99999> Enter dollar amount

<0> Paid nothing

<NC> Non-cash arrangement (e.g. providing room and board, exchanging child care)

\$_____1

READ IF NECESSARY: Was that per hour, day, week, every two weeks, month, or year?

<1> Hour

<4> Every two weeks

<2> Day

<5> Month

<3> Week

<6> Year

_____2

-ELSPAY12-

Did anyone else pay for part or all of the cost of this before or after school program?

IF NECESSARY: By this I mean a government agency, an employer, a relative or friend.

<1> Yes

<2> No

_____YN

Who or what agency helped pay for this arrangement?

(MARK "X" ALL THAT APPLY.)

____1 Government (Federal, state, or local government agency, or welfare office)

____2 Child's other parent (parent doesn't live with child)

____3 Employer

____4 Other (Please specify below)

____SP

-A13HRSWK-

DURING SEPTEMBER 1997, how many hours per WEEK did
[fill FRNAME] usually attend school?

<1-99> Enter actual hours

_____ 1 hours per week

Was that 1 hour per week while [fill MOMFILL] [fill m_waswere]
[fill ATWORK]?

<1> Yes

<2> No

_____2a

Of those [fill A13HRSWK_____1] hours per week, how many of them were while
[fill MOMFILL] [fill m_waswere] [fill ATWORK]?

<0-99> Enter actual hours

_____2b hours per week

-A14MNTHS-

Between January 1996 and October 1997, which months has
[fill FRNAME] cared for [fill SELF] on a regular basis?

INTERVIEWER: Enter "FROM (MONTH) TO (MONTH)" for each period of care;
use "A for ALL; use "0 to erase; use "N \
for no more.

** 1996 **

** 1996 **

** 1997 **

____1 JAN
____2 FEB
____3 MAR
____4 APR
____5 MAY
____6 JUN
____7 JUL
____8 AUG

____9 SEP
____10 OCT
____11 NOV
____12 DEC

** 1997 **
____13 JAN
____14 FEB

____15 MAR
____16 APR
____17 MAY
____18 JUN
____19 JUL
____20 AUG
____21 SEP
____22 OCT

-A14HRSWK-

DURING SEPTEMBER 1997, how many hours per WEEK did [fill FRNAME]
usually care for [fill SELF]?

<1-99> Enter actual hours

____1 hours per week

Was that 1 hour per week while [fill MOMFILL] [fill m_waswere]
[fill ATWORK]?

<1> Yes

<2> No

____2a

Of those [fill A14HRSWK____1] hours per week, how many of them were while
[fill MOMFILL] [fill m_waswere] [fill ATWORK]?

<0-99> Enter actual hours

____2b hours per week

-R14WHERE-

Did [fill FRNAME] care for [fill SELF] in
[fill FRNAME]'s home, some other home, or someplace else?

IF NECESSARY: Where did [fill FRNAME] care for [fill SELF]
most of the time?

<1> Child's home

<2> Other home

<3> Someplace else

-A15MNTHS-

Between January 1996 and October 1997, which months has
[fill FRNAME] been cared for on a regular basis in
[fill CAREARR_____ SP]?

INTERVIEWER: Enter "FROM (MONTH) TO (MONTH)" for each period of care;
use "A for ALL; use "0 to erase; use "N \
for no more.

** 1996 **	** 1996 **	** 1997 **			
___1	JAN	___9	SEP		
___2	FEB	___10	OCT		
___3	MAR	___11	NOV		
___4	APR	___12	DEC		
___5	MAY		___15	MAR	
___6	JUN	** 1997 **	___16	APR	
___7	JUL	___13	JAN	___17	MAY
___8	AUG	___14	FEB	___18	JUN
				___19	JUL
				___20	AUG
				___21	SEP
				___22	OCT

-A15HRSWK-

DURING SEPTEMBER 1997, how many hours per WEEK was [fill FRNAME][n]
cared for in [fill CAREARR_____ SP]?

<1-99> Enter actual hours

_____1 hours per week

Was that 1 hour per week while [fill MOMFILL] [fill m_waswere]
[fill ATWORK]?

<1> Yes

<2> No

_____2a

Of those [fill A15HRSWK_____1] hours per week, how many of them were while
[fill MOMFILL] [fill m_waswere] [fill ATWORK]?

<0-99> Enter actual hours

_____2b hours per week

-R15WHERE-

Was that [fill CAREARR_____SP] in [fill FRNAME]'s[n]
home, a caregiver's home, or someplace else?

IF NECESSARY: Where was [fill FRNAME] cared for most of the time?

- <1> Child's home
 - <2> Caregiver's home (caregiver doesn't live with child)
 - <3> Someplace else
- _____

-RES15PAY-

How much, if anything, did [fill MOMFILL] pay for this arrangement?
ARRANGEMENT: [fill CAREARR_____SP]

NOTE TO INTERVIEWER: If cost covered more than one child in
this household, ask respondent to split amount among the children.

- <1-99999> Enter dollar amount
- <0> Paid nothing
- <NC> Non-cash arrangement (e.g. providing room
and board, exchanging child care)
\$_____ 1

READ IF NECESSARY: Was that per hour, day, week, every two weeks,
month, or year?

- <1> Hour
- <2> Day
- <3> Week
- <4> Every two weeks
- <5> Month
- <6> Year

_____2

-ELSPAY15-

Did anyone else pay for part or all of the cost of this arrangement?

ARRANGEMENT: [fill CAREARR_____SP]

IF NECESSARY: By this I mean a government agency, an employer,
a relative or friend.

<1> Yes

<2> No

_____YN

Who or what agency helped pay for this arrangement?

(MARK "X" ALL THAT APPLY.)

____1 Government (Federal, state, or local government
agency, or welfare office)

____2 Child's other parent (parent doesn't live with child)

____3 Employer

____4 Other (Please specify below)

_____SP

-RESP0-

Sometimes it is difficult to make arrangements to look after
children all of the time, such as before or after school.

Did [fill FRNAME] stay by [fill SELF]

on a regular basis even for a small amount of time?

IF NECESSARY: By regular basis, I mean at least once a week.

<1> Yes

<2> No

-RE0MNTHS-

Between January 1996 and October 1997, which months, if any,
did [fill FRNAME] stay by [fill SELF] on a regular basis?

INTERVIEWER: Enter "FROM (MONTH) TO (MONTH)" for each period of care;
use "A for ALL; use "0 to erase; use "N \
for no more.

** 1996 **	** 1996 **	** 1997 **	
___1 JAN		___9 SEP	___15 MAR
___2 FEB		___10 OCT	___16 APR
___3 MAR		___11 NOV	___17 MAY
___4 APR		___12 DEC	___18 JUN
___5 MAY			___19 JUL
___6 JUN	** 1997 **		___20 AUG
___7 JUL		___13 JAN	___21 SEP
___8 AUG		___14 FEB	___22 OCT

-RE0HRSWK-

DURING SEPTEMBER 1997, how many hours per WEEK did [fill FRNAME][n]
usually care for [fill SELF]?

<1-99> Enter actual hours

_____1 hours per week

Was that 1 hour per week while [fill MOMFILL] [fill m_waswere]
[fill ATWORK]?

<1> Yes

<2> No

_____2a

Of those [fill RE0HRSWK_____1] hours per week, how many of them were while
[fill MOMFILL] [fill m_waswere] [fill ATWORK]?

<0-99> Enter actual hours

_____2b hours per week

-RE0WHERE-

Did [fill FRNAME] usually stay by [fill SELF] in
your home, some other home, or someplace else?

IF NECESSARY: Where did [fill FRNAME] care for [fill SELF]
most of the time?

- <1> Child's home
 - <2> Other home
 - <3> Someplace else
- _____

-ALLCCPAY-

THESE NEXT FEW QUESTIONS ARE ABOUT LAST YEAR, THAT IS, FROM
JANUARY THROUGH DECEMBER 1996.

What is the TOTAL AMOUNT that [fill MOMFILL] paid for ALL
child care arrangements for [fill FRNAME]
from January through December 1996?

NOTE TO INTERVIEWER: If cost covered more than one child in
this household, ask respondent to split amount among the children.

- <1-99999> Enter dollar amount
- <0> Paid nothing
- <NC> Non-cash arrangement (e.g. providing room
and board, exchanging child care)

\$ _____

-AELSEPAY-

From January through December 1996, did anyone else pay for part or all of the cost of [fill FRNAME]'s child care?

IF NECESSARY: By this I mean a government agency, an employer, a relative or friend.

<1> Yes

<2> No

-AWHOPAY-

Who or what agency helped pay for all of [fill FRNAME]'s child care arrangements during 1996?

(MARK "X" ALL THAT APPLY.)

- ____ 1 Government (Federal, state, or local government agency, or welfare office)
- ____ 2 Child's other parent (parent doesn't live with child)
- ____ 3 Employer
- ____ 4 Other (Please specify below)
- _____ SP

-YTIMELST-

Last year, did [fill MOMFILL] lose any time from work because [fill yourhisher] usual child care provider was UNAVAILABLE to care \ for [fill FRNAME]?

This DOES NOT INCLUDE times when [fill FRNAME] was sick and couldn't be cared for by the usual child care provider.

<1> Yes

<2> No

_____ 1

How much time did [fill MOMFILL] lose from work?

_____ 2

IF NECESSARY: Is that hours, days, weeks, or months?

<1> Hours <3> Weeks

<2> Days <4> Months

_____ 3

-NOCCPROV-

Did [fill MOMFILL] lose any time from work last year
because [fill youheshe] COULDN'T FIND a child care provider for \
[fill FRNAME]?

<1> Yes

<2> No

_____ 1

How much time did [fill MOMFILL] lose from work?

_____ 2

IF NECESSARY: Is that hours, days, weeks, or months?

<1> Hours <3> Weeks

<2> Days <4> Months

_____ 3

-CCCHANGE-

How many times SINCE JANUARY 1996 has [fill FRNAME]
changed from one child care provider to another?

This includes...

..changes in the person who cared for [fill FRNAME];
..changes in the program [fill HESHE] attended;
..changes in the place where [fill HESHE] was cared for;
..changes in the number of different child care providers for
[fill FRNAME].

<0-20>

_____changes

-CHAVPAR-

Does [fill FRNAME] have a father or mother who lives outside
of this house?

Does [fill FRNAME] have a [fill ABSPARENT] who lives outside of
this house?

(1) Yes

(2) No

-WHORESP-

Who in the household is legally responsible for [fill FRNAME]?

ENTER LINE NUMBER OR "N IF NO ONE RESPONSIBLE

-WHYNOPAR-

Why does [fill FRNAME] not have a [fill ABSPARENT] living outside this house?

- (1) Died, deceased
 - (2) Both parents live in household
 - (3) Separated, divorced
 - (4) [fill MOMFILL] [fill dontdoesnt] want contact with [fill ABSPARENT]
 - (5) [fill MOMFILL] [fill dontdoesnt] know where [fill ABSPARENT] is
 - (6) Child was adopted by a single parent
 - (7) [fill FRNAME]'s [fill ABSPARENT] is no longer [fill HISHER] legal [fill ABSPARENT]
 - (8) Other
- _____

-OTHNOPAR-

- (1) In jail
- (2) Lives in another country
- (3) Artificial insemination; anonymous sperm donor
- (4) Not sure who father is
- (5) Trying to establish paternity
- (6) Other (specify)

_____ a

Specify:

_____SP

-CURAGREE-

Is there any kind of legal arrangement that says that [fill FRNAME]'s [fill ABSPARENT] should provide any kind of financial support for [fill HIMHER]?

- (1) Yes
 - (2) No
 - (3) Legal arrangement pending
 - (4) There is an arrangement, but respondent doesn't know if it is legal
- _____

-EVERAGRE-

Has there ever been any other kind of agreement or understanding that says that [fill FRNAME]'s [fill ABSPARENT] should help support [fill HIMHER]?

- (1) Yes
 - (2) No
- _____

-SAMEAGRE-

Was [fill KID2NAME] ever covered by the same agreement as [fill FRNAME]?
Was [fill KID2NAME2] ever covered by the same agreement as [fill FRNAME]?
Was [fill KID2NAME3] ever covered by the same agreement as [fill FRNAME]?
Were any of [fill P_MOMFILL] other children ever covered by the same agreement as [fill FRNAME]?

- (1) Yes
 - (2) No
- _____

-AGREESUP-

Did this legal agreement ever say that [fill FRNAME]'s [fill ABSPARENT] should make child support payments?
Did this agreement ever say that [fill FRNAME]'s [fill ABSPARENT] should make child support payments?

- (1) Yes
 - (2) No
- _____

-EVERLEGL-

An agreement about child support can be made legal by going through a court, before a judge, or through an official legal process.

Was this agreement about child support payments for [fill FRNAME] ever made legal?

- (1) Yes
 - (2) No
- _____

-PREAGREE-

Some parents agree to the amount of child support before making the agreement legal.

Did [fill MOMFILL] and [fill FRNAME]'s [fill ABSPARENT] do this?

- (1) Yes
 - (2) No
- _____

-SHLDPAY-

Between January 1 and December 31, 1996 was [fill FRNAME]'s [fill ABSPARENT] supposed to make any child support payments for [fill FRNAME]?

- (1) Yes
 - (2) No
 - (3) Yes, if [fill ABSP_HESHE] had a job
 - (4) Don't know because Child Support Enforcement Office filed the paper work
- _____

-WHYNOPAY-

Why was that?

- (1) Child too old in 1996
- (2) Other parent died before 1996
- (3) Family lived together in all or part of 1996
- (4) Child lived with other parent in all or part of 1996
- (5) Other (specify)

Specify: _____ a
_____SP

-DEDCTPAY-

During 1996, were any of the child support payments
supposed to be deducted from [fill ABSP_HISHER] paycheck?

- (1) Yes
 - (2) No
- _____

-PAYFRQ-

The following questions ask about the child support
[fill FRNAME]'s [fill ABSPARENT] was SUPPOSED to pay.

The following questions ask about the child support
[fill ABFNAME] and [fill SIBLING(<1>)]'s [fill ABSPARENT] was SUPPOSED to pay.

The following questions ask about the child support [fill ABFNAME],
[fill SIBLING(<1>)] and [fill SIBLING(<2>)]'s [fill ABSPARENT] was SUPPOSED to pay.

The following questions ask about the child support [fill ABFNAME],
[fill SIBLING(<1>)], [fill SIBLING(<2>)], and [fill SIBLING(<3>)]'s [fill ABSPARENT] was
SUPPOSED to pay.

During 1996, how often was [fill ABSP_HESHE] SUPPOSED to make these payments?

PROBE IF NEEDED: Would that be every week, every month, or some other way?

- (1) Weekly
- (2) Every other week
- (3) Twice a month
- (4) Monthly
- (5) Quarterly

-QMNTHPAID-

Which months were the quarterly payments SUPPOSED to be made?
PROBE: What other month?

ENTER MONTH NUMBER OR "N FOR NO MORE

- | | |
|---------|----------|
| (1) JAN | (7) JUL |
| (2) FEB | (8) AUG |
| (3) MAR | (9) SEP |
| (4) APR | (10) OCT |
| (5) MAY | (11) NOV |
| (6) JUN | (12) DEC |

_____1 _____2 _____3 _____4

-AMNTPAID-

How much was the weekly payment SUPPOSED to be during 1996?
How much was the every other week payment SUPPOSED to be during 1996?
How much was the twice a month payment SUPPOSED to be during 1996?
How much was the monthly payment SUPPOSED to be during 1996?
How much was the quarterly payment SUPPOSED to be during 1996?
How much was the yearly payment SUPPOSED to be during 1996?

AMOUNT: \$ _____

-CALCDOLL-

According to my calculations [fill MOMFILL] should have received
[fill CHLDSUPP_SUM:.] dollars in child support for [fill FRNAME] in 1996.
Is that correct?
According to my calculations [fill MOMFILL] should have received
[fill CHLDSUPP_SUM:.] dollars in child support for [fill ABFNAME] and [fill
SIBLING(<1>)]
in 1996. Is that correct?
According to my calculations [fill MOMFILL] should have received
[fill CHLDSUPP_SUM:.] dollars in child support for [fill ABFNAME], [fill SIBLING(<1>)]
and

[fill SIBLING(<2>)] in 1996. Is that correct?

According to my calculations [fill MOMFILL] should have received

[fill CHLDSUPP_SUM:.] dollars in child support for [fill ABFNAME], [fill SIBLING(<1>)],
[fill SIBLING(<2>)] and [fill SIBLING(<3>)] in 1996. Is that correct?

(1) Yes

(2) No

-CORRDOLL-

What is your best estimate of the amount [fill MOMFILL]
[fill m_waswere] supposed to receive in child support for
[fill FRNAME] in 1996?

What is your best estimate of the amount [fill MOMFILL]
[fill m_waswere] supposed to receive in child support for
[fill ABFNAME] and [fill SIBLING(<1>)] in 1996?

What is your best estimate of the amount [fill MOMFILL]
[fill m_waswere] supposed to receive in child support for
[fill ABFNAME], [fill SIBLING(<1>)] and [fill SIBLING(<2>)] in 1996?

What is your best estimate of the amount [fill MOMFILL]
[fill m_waswere] supposed to receive in child support for
[fill ABFNAME], [fill SIBLING(<1>)], [fill SIBLING(<2>)], and [fill SIBLING(<3>)] in
1996?

AMOUNT: \$ _____

-PAYCORR-

Earlier you told me [fill MOMFILL] actually received [fill MSUPAMT:.] dollars
in child support in 1996. Is that correct?

(1) Yes

(2) No

-DOLLREC-

How much child support did [fill MOMFILL] actually[n] receive altogether from January through December 1996 for [fill FRNAME]?

How much child support did [fill MOMFILL] actually[n] receive altogether from January through December 1996 for [fill ABFNAME] and [fill SIBLING(<1>)]?

How much child support did [fill MOMFILL] actually[n] receive altogether from January through December 1996 for [fill ABFNAME], [fill SIBLING(<1>)] and [fill SIBLING(<2>)]?

How much child support did [fill MOMFILL] actually[n] receive altogether from January through December 1996 for [fill ABFNAME], [fill SIBLING(<1>)], [fill SIBLING(<2>)] and [fill SIBLING(<3>)]?

AMOUNT: \$ _____

-WHOPAID-

During 1996, were the payments sent to [fill MOMFILL] by the welfare or child support agency, by a court, or did the payments come directly from [fill FRNAME]'s [fill ABSPARENT] or [fill ABSP_HISHER] place of employment?

During 1996, were the payments sent to [fill MOMFILL] by the welfare or child support agency, by a court, or did the payments come directly from [fill ABFNAME] and [fill SIBLING(<1>)]'s [fill ABSPARENT] or [fill ABSP_HISHER] place of employment?

During 1996, were the payments sent to [fill MOMFILL] by the welfare or child support agency, by a court, or did the payments come directly from [fill ABFNAME], [fill SIBLING(<1>)] and [fill SIBLING(<2>)]'s [fill ABSPARENT] or [fill ABSP_HISHER] place of employment?

During 1996, were the payments sent to [fill MOMFILL] by the welfare or child support agency, by a court, or did the payments come directly from [fill ABFNAME], [fill SIBLING(<1>)], [fill SIBLING(<2>)] and [fill SIBLING(<3>)]'s [fill ABSPARENT] or [fill ABSP_HISHER] place of employment?

ENTER EACH TYPE MENTIONED OR "N FOR "NO MORE": _____ 0
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ____1 (1) Welfare or child support agency
____2 (2) Court
____3 (3) Directly from other parent or through [fill ABSP_HISHER]
place of employment

___ 4 (4) Other (specify)

SPECIFY: _____SP

-WHYNOLEG-

Why is there no legal agreement to help
support [fill FRNAME]?

ENTER EACH TYPE MENTIONED OR "N FOR "NO MORE": _____0
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ___1 (1) Legal paternity not established
- ___2 (2) Unable to locate parent
- ___3 (3) Do not want child support
- ___4 (4) Did not pursue agreement
- ___5 (5) Other (specify)

SPECIFY: _____SP

-ASKHELP-

[fill m_HasHave] [fill MOMFILL] ever asked a public agency such as the child
support enforcement office or welfare agency for help
in obtaining child support under this legal agreement?

- (1) Yes
- (2) No

-YEARASK-

In what year did [fill MOMFILL] last ask for help?

19_____

-TYPEHELP-

What type of help did [fill MOMFILL] ask for?

ENTER EACH TYPE MENTIONED OR "N FOR "NO MORE": _____ 0
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ___1 (1) Locate other parent
- ___2 (2) Establish paternity
- ___3 (3) Establish support obligation
- ___4 (4) Establish medical support
- ___5 (5) Enforce support order
- ___6 (6) Modify an order
- ___7 (7) Other (specify)

SPECIFY: _____ SP

-LEGLCUST-

What child custody arrangements does this legal agreement specify?

- (1) Joint legal and physical custody
- (2) Joint legal with mother physical custody
- (3) Joint legal with father physical custody
- (4) Mother legal and physical custody
- (5) Father legal and physical custody
- (6) Split custody
- (7) Other (Specify)

Specify: _____^a SP

-CUSTAGRE-

Is there an agreement regarding custody of [fill FRNAME]?

Is there an agreement regarding custody of [fill ABFNAME] and [fill SIBLING(<1>)]?

Is there an agreement regarding custody of [fill ABFNAME], [fill SIBLING(<1>)] and [fill SIBLING(<2>)]?

Is there an agreement regarding custody of [fill ABFNAME], [fill SIBLING(<1>)], [fill SIBLING(<2>)] and [fill SIBLING(<3>)]?

- (1) Yes
- (2) No

-WHATCUST-

What child custody arrangements does this agreement specify?

- (1) Child lives with mother
- (2) Child lives with father
- (3) Child lives with mother and father
- (1) Children live with mother
- (2) Children live with father
- (3) Children live with mother and father
- (1) Child lives with mother
- (2) Child lives with father
- (3) Child lives with mother and father
- (1) Children live with mother
- (2) Children live with father
- (3) Children live with mother and father
- (1) Child lives with mother
- (2) Child lives with father
- (3) Child lives with mother and father
- (1) Children live with mother
- (2) Children live with father
- (3) Children live with mother and father
- (4) None
- (5) Other (specify)

Specify: _____ a
_____ SP

-LSTCONTK-

In what month and year did [fill FRNAME] last have contact of any kind, including phone calls, letters, or face-to-face contact with [fill HISHER] [fill ABSPARENT]?

(X) (Never seen [fill ABSPARENT])

MONTH: (01-12) _____ MONTH
YEAR: (77-97) _____ YEAR

-WHERLIVE-

Where does [fill HISHER] [fill ABSPARENT] live?

- (1) Same county/city
- (2) Same State (different city/county)
- (3) Different State
- (4) Other (specify)

_____ a

Specify: _____SP

-MOTALKPH-

In a TYPICAL MONTH, about how many times does [fill FRNAME] talk to [fill HISHER] [fill ABSPARENT] on the phone?

(0-60)

_____ times

-YRTALKPH-

In the PAST 12 MONTHS, that is, since [fill CURMNTH] [fill LASTYEAR], how many times

did [fill FRNAME] talk to [fill HISHER] [fill ABSPARENT] on the phone?

(0-200)

_____ times

-MOGETLTR-

In a TYPICAL MONTH, about how many times does [fill FRNAME] get a letter or card from [fill HISHER] [fill ABSPARENT]?

(0-30)

_____ times

-YRGETLTR-

In the PAST 12 MONTHS, how many times did [fill FRNAME] get a letter or card from [fill HISHER] [fill ABSPARENT]?

(0-99)

_____ times

-MODAYSEE-

In a TYPICAL MONTH, about how many days does [fill FRNAME] see [fill HISHER] [fill ABSPARENT]?

(0-30)

_____ days

-YRDAYSEE-

In the PAST 12 MONTHS, that is, since [fill CURMNTH] [fill LASTYEAR], how many days did [fill FRNAME] see [fill HISHER] [fill ABSPARENT]?

(0-200)

_____ days

-MOHOURS-

In a TYPICAL MONTH, about how many hours per week does [fill FRNAME]'s [fill ABSPARENT] usually spend with [fill HIMHER]?

(0-100)

(N) No typical week

_____ hours per week

-MONIGHTS-

In a TYPICAL MONTH, about how many nights does [fill FRNAME] sleep over at [fill HISHER] [fill ABSPARENT]'s home?

(0-30)

_____ nights

-YRNIGHTS-

In the PAST 12 MONTHS, how many nights did [fill FRNAME] sleep over at [fill HISHER] [fill ABSPARENT]'s home?

(0-200)

_____ nights

-WHCHCHLD-

Which other children were covered
by this agreement?

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _____ 1

LINE NUMBER: _____ 2

LINE NUMBER: _____ 3

-WHCH2CHLD-

Which other children were covered
by this agreement?

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _____ 1
LINE NUMBER: _____ 2
LINE NUMBER: _____ 3

-WHCH3CHLD-

Which other children were covered
by this agreement?

ENTER AS MANY LINE NUMBERS AS NEEDED
OR "N FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _____ 1
LINE NUMBER: _____ 2
LINE NUMBER: _____ 3

-1599-

I am going to turn the computer around and let you enter your
answers to these last few questions yourself. After typing
the number of your answer, press "ENTER" to proceed to the
next question.

PRESS ENTER TO PROCEED AND THEN TURN COMPUTER TOWARD
RESPONDENT

-Q1600-

Taking things all together, how happy are you with your
relationship with your spousepartner-- are you completely happy, mostly
happy, somewhat happy, or not too happy?

- (1) Completely happy
- (2) Mostly happy
- (3) Somewhat happy
- (4) Not too happy

-Q1601-

How often have you and your spouse/partner discussed or considered separating during the past few months -- often, sometimes, hardly ever, or never?

- (1) Often
 - (2) Sometimes
 - (3) Hardly ever
 - (4) Never
-

-Q1602-

The following questions are asked to find out about feelings you may have experienced over the past 30 days. There are no right or wrong answers. Choose the answer that best describes how often you felt or behaved this way for each statement during the past 30 days.

During the past 30 days, how often did you feel so sad that nothing could cheer you up? Would you say:

- (1) All of the time
 - (2) Most of the time
 - (3) Some of the time
 - (4) A little of the time
 - (5) None of the time
-

-Q1604-

During the past 30 days, how often did you feel nervous? Would you say:

- (1) All of the time
- (2) Most of the time
- (3) Some of the time
- (4) A little of the time

(5) None of the time

-Q1605-

During the past 30 days, how often did you feel restless or fidgety? Would you say:

- (1) All of the time
 - (2) Most of the time
 - (3) Some of the time
 - (4) A little of the time
 - (5) None of the time
-

-Q1606-

During the past 30 days, how often did you feel hopeless? Would you say:

- (1) All of the time
 - (2) Most of the time
 - (3) Some of the time
 - (4) A little of the time
 - (5) None of the time
-

-Q1607-

During the past 30 days, how often did you feel that everything was an effort? Would you say:

- (1) All of the time
 - (2) Most of the time
 - (3) Some of the time
 - (4) A little of the time
 - (5) None of the time
-

-Q1608-

During the past 30 days, how often did you feel worthless? Would you say:

- (1) All of the time
- (2) Most of the time
- (3) Some of the time
- (4) A little of the time
- (5) None of the time

-1609-

You just answered questions about a number of feelings you may have had during the past 30 days. Altogether, how much[n] did these feelings interfere with your life or activities: a lot, some, a little, or not at all?

- (1) A lot
- (2) Some
- (3) A little
- (4) Not at all

_____ 1

You have completed these question. Please press ENTER then turn the computer back to the interviewer.

_____ 2

-SPLIT_AD1-

ASK OR VERIFY -

Can you give me the new addresses of the individuals who lived in this household?

- (1) Yes
- (2) No / Address not available yet

-BVERDATE-

I would like to verify that
these persons left before [fill MONTH1+] 1st.
Is that correct?

- (1) Yes
- (2) No

-BRSNLFT-

Why did these persons leave the household?
ENTER ALL THAT APPLY - ENTER (N) AFTER LAST
ENTRY IF LESS THAN 3 REASONS

- (5) Separation or divorce
- (6) Marriage
- (7) Became employed/unemployed
- (8) Due to job change - other
- (10) Other

_____ 1 _____ 2 _____ 3

-BLFTMAIN-

What is the main reason these persons
left the household?

[fill TEMP2+]
[fill TEMP3+]
[fill TEMP4+]

-INFRAREA-

QUESTION TO FR:

Is this address within your assignment area?

- (1) Yes
- (2) No

-SPLIT_AD4-

Do you have another address for the persons
who moved from this household?

- (1) Yes
- (2) No - Information not available
- (3) No other addresses to collect

-SPLIT_AD5-

If I were to contact you later, could you
provide me with this information?

- (1) Yes
- (2) No-Keep case on laptop for further work
- (3) No-Close out case as a Type D noninterview

-LFSELF-

-LFSELF-

Now I have a number of questions for [fill TEMP2++].
If possible it would be best if I could talk to [fill TEMP3+]
directly. Is [fill TEMP4+] available now?

- (1) Yes
- (2) No

-LFSELF2-

Could you or someone else in the household answer
these questions for [fill TEMP2+]?

- (1) Yes, (take proxy interview)
- (2) No
- (3) No, skip for now, try again before leaving household
- (4) TYPE-Z -- not available during entire interviewing period

-WHYTYPZ1-

Enter the TYPE-Z reason for
[fill TEMP2+].

- (1) Person was ill or in the hospital
- (2) Person was temporarily away from home
- (3) Refused
- (4) Other (specify)

-WHYSP1-

Enter other TYPE-Z reason.

-LFPROXY-

-LFPROXY-

ASK IF NECESSARY[normal]

Who will be answering for [fill TEMP2+]?

-LF2SELF-

-LF2SELF-

I need to continue the interview with [fill TEMP2+].

Is [fill TEMP2+] available now?

- (1) Yes
- (2) No

-LF2SELF2-

Could you or someone else in the household answer
these questions for [fill TEMP2+]?

- (1) Yes, (take proxy interview)
- (2) No
- (4) TYPE-Z -- not available during entire interviewing period

-WHYTYPZ2-

Enter the TYPE-Z reason for
[fill TEMP2+].

- (1) Person was ill or in the hospital
 - (2) Person was temporarily away from home
 - (3) Refused
 - (4) Other (specify)
- _____

-WHYSP2-

Enter other TYPE-Z reason.

-LFPROXY2-

-LFPROXY2-

ASK IF NECESSARY[normal]
Who will be answering for [fill TEMP2+]?

-LF3SELF-

-LF3SELF-

I need to continue the interview with [fill TEMP2+].
Is [fill TEMP3+] available now?

- (1) Yes
 - (2) No
- _____

-LF3SELF2-

Could you or someone else in the household answer
these questions for [fill TEMP2+]?

- (1) Yes, (take proxy interview)
 - (2) No
 - (4) TYPE-Z -- not available during entire interviewing period
- _____

-WHYTYPZ3-

Enter the TYPE-Z reason for
[fill TEMP2+].

- (1) Person was ill or in the hospital
 - (2) Person was temporarily away from home
 - (3) Refused
 - (4) Other (specify)
- _____

-WHYSP3-

Enter other TYPE-Z reason.

-LFPROXY3-

-LFPROXY3-

ASK IF NECESSARY[normal]
Who will be answering for [fill TEMP2+]?

-TRYAGAIN-

-TRYAGAIN-

Would it be possible for me to complete the interview
for [fill TEMP2+] now?

- (1) Yes
 - (2) No
 - (4) TYPE-Z -- not available during entire interviewing period
- _____

-WHYTYPZ4-

Enter the TYPE-Z reason for
[fill TEMP2+].

- (1) Person was ill or in the hospital
 - (2) Person was temporarily away from home
 - (3) Refused
 - (4) Other (specify)
- _____

-WHYSP4-

Enter other TYPE-Z reason.

-LFPROXY4-

-LFPROXY4-

ASK IF NECESSARY[normal]

Who will be answering for [fill TEMP2+]?

-MISNEED-

FR NOTE: Is this information available now?[n]

(1) Yes - Collect missing items

(2) No - Exit case _____

-RTSELF-

-RTSELF-

I need to continue the interview with [fill TEMP2+].

Is [fill TEMP2+] available now?

(1) Yes

(2) No

-RTSELF2-

Could you or someone else in the household answer
these questions for [fill TEMP2+]?

(1) Yes, (take proxy interview)

(2) No

(4) TYPE-Z -- not available during entire interviewing period

-WHYTYPZ5-

Enter the TYPE-Z reason for
[fill TEMP2+].

- (1) Person was ill or in the hospital
 - (2) Person was temporarily away from home
 - (3) Refused
 - (4) Other (specify)
- _____

-WHYSP5-

Enter other TYPE-Z reason.

-RTPROXY-

-RTPROXY-

ASK IF NECESSARY[normal]

Who will be answering for [fill TEMP2+]?

-FIN-

This case is not completed.

PRESS F1 TO RETURN TO THE PREVIOUS SCREEN

OR

ENTER (X) TO EXIT THE INTERVIEW

-HHRECAP_2-

During our last visit, we recorded the following
information.

NAME ON ADVANCE LETTER: [fill I_REF_FNAME] [fill I_REF_LNAME]

BEST TIME TO CALL: [fill I_BESTTI]

TELEPHONE NUMBER:([fill HPHNAR:0]) [fill HPHNNUM3:0]-[fill HPHNNUM4:0]
EXT: [fill HPHNEXT:0]

Is this information still correct?

- (1) Yes
- (2) No

-HHRECAP_3-

Let me ask you: to whom should we mail our next advance letter?
(Type the correct information, or press ENTER, if correct)

NAME ON ADVANCE LETTER: _____ FNAME _____
LNAME

What is the best time to call you? _____ BEST

What is your telephone number? _____ AR _____ NUM _____ EXT

-CPRECAP1-

During our last visit, we recorded the following information about
persons to contact if we couldn't reach you. You told us to contact ...

NAME 1: [fill I_CP1NAME]

[fill I_CP1ADD1]

[fill I_CP1ADD2]

[fill I_CP1PO], [fill I_CP1ST] [fill I_CP1ZP5]

[fill CPRELAT1]

TELEPHONE NO.: [n] ([fill 1AC:0]) [fill 1PRE:0]-[fill 1SUF:0] EXT: [fill
CPPHONE1_EXT:0]

NAME 2: [fill I_CP2NAME]

[fill I_CP2ADD1]

[fill I_CP2ADD2]

[fill I_CP2PO], [fill I_CP2ST] [fill I_CP2ZP5]

[fill CPRELAT2]

TELEPHONE NO.: ([fill 2AC:0]) [fill 2PRE:0]-[fill 2SUF:0] EXT:[n] [fill
CPPHONE2_EXT:0]

(1) Change information for Contact Person #1

(2) Change information for Contact Person #2

(P) PROCEED - All information correct

-CPR1-

Type the correct information or, if correct, press the ENTER[n] key.

Current name:_____CP1NAME

Relationship (Please indicate to whom this person is related):

Current Rel:_____CPRELAT1

Current address:_____CPADDRS_R1

_____CPADDRS_R2

_____CPADDRS_PO _____CPADDRS_ST _____
CPADDRS_ZP

Current telephone: _____ CPPHONE_AR _____ CPPHONE_NUM Ext: _____
_____ CPPHONE_EXT

-CPR2-

Type the correct information or, if correct, press the ENTER key.

Current name:_____CP2NAME

Relationship (Please indicate to whom this person is related):

Current Rel:_____CPRELAT2

Current address:_____CPADDRS_R1

_____CPADDRS_R2

_____CPADDRS_ZP _____CPADDRS_PO _____CPADDRST

Current telephone:_____CPPHONE_AR_____CPPHONE_NUM Ext:_____
CPPHONE_EXT

-TELHHD-

Since households included in this survey are interviewed again in 4 months, we may attempt to conduct the followup interview by telephone.

Is there a telephone in this house/apartment?

(1) Yes

(2) No

-TELA VL-

Is there a telephone elsewhere on which people in this household can be contacted?

(1) Yes

(2) No

-TELWHR-

Where is this phone located?

-TELPHN-

What is the telephone number of the phone where
you would like to be called?

in Area Code:_____AR New Number:_____NUM

EXT:_____EXT IF NO EXTENSION, PRESS ENTER[normal]

IS THIS A HOME OR OFFICE NUMBER?

- (1) Home
- (2) Office

_____ HOMOFF

-PHONEO-

Is a telephone interview acceptable?

- (1) Yes
- (2) No
- (3) No phone available

-BESTTIM-

When is the best time to contact you?

-CPNAME1-

Please, give me the name, address, and telephone number
of a close relative or friend who would know how to
reach you if we are unable to contact you.

Please, begin with that person's first name.

(0) NO CONTACT PERSON INFORMATION AVAILABLE[normal]

FIRST NAME _____ CFNAME
MIDDLE NAME _____ CMNAME
LAST NAME _____ CLNAME

-CPRELAT1-

What is that person's relationship to you?

-CPADDRS1-

What is that person's address?

STREET ADDRESS: _____ CPADDR1

STREET ADDRESS: _____ CPADDR2

CITY: _____ CPADDPO

STATE: _____ CPADDST [reverse](H) HELP

ZIP CODE: _____ CPADDZP

-CPPHONE1-

What is that person's telephone number?

(N) NO TELEPHONE NUMBER AVAILABLE[normal]

Area Code:_____ AR New Number:_____ NUM

EXT:_____ EXT IF NO EXTENSION, PRESS ENTER[normal]

-MORECP1-

Is there another person who would know how to reach you?

- (1) Yes
 - (2) No
- _____
-

-CPNAME2-

Please, give me the name, address, and telephone number of a close relative or friend who would know how to reach you if we are unable to contact you.

Please, begin with that person's first name.

FIRST NAME _____ CFNAME

MIDDLE NAME _____ CMNAME

LAST NAME _____ CLNAME

-CPRELAT2-

What is that person's relationship to you?

-CPADDRS2-

What is that person's address?

STREET ADDRESS:_____CPADDR1

STREET ADDRESS:_____CPADDR2

CITY:_____CPADDPO

STATE:_____CPADDST [reverse](H) HELP

ZIP CODE:_____CPADDZP

-CPPHONE2-

What is that person's telephone number?

(N) NO TELEPHONE NUMBER AVAILABLE

Area Code:_____AR New Number:_____NUM

EXT:_____EXT IF NO EXTENSION, PRESS ENTER

-LTRADDR-

***ENTER THE NAME OF THE PERSON IN THIS
HOUSEHOLD TO WHOM CORRESPONDENCE SHOULD BE SENT***

ASK IF NOT APPARENT

IF FULL NAME IS THE SAME AS THE REFERENCE PERSON,
ENTER (S) IN FIRST NAME.

FIRST NAME_____FNAME

MIDDLE NAME_____MNAME

LAST NAME_____LNAME

-TRANS-

ARE YOU READY TO TRANSMIT THIS CASE?

- (1) Yes
 - (2) No
- _____

-NOWTYPEA-

** DO NOT READ TO RESPONDENT**[normal]

THIS IS NOW A TYPE A-
[fill TEMP2]

PRESS ENTER TO CONTINUE

-WHYTYPZ6-

**

No survey data were collected for
[fill TEMP2+].
Enter the reason that best describes why
[fill TEMP2+]s survey data were not collected.

- (1) Person was ill or in the hospital
 - (2) Person was temporarily away from home
 - (3) Refused
 - (4) Other (specify)
- _____

-WHYSP6-

Enter other reason survey data was not collected.

-NONSMPL-

COMING SOON...

PRESS ENTER TO CONTINUE

-APPT-

I'd like to schedule an appointment visit to finish
the interview. What DATE AND TIME would be best to
contact you again to [fill TEMP2]?

PROBE: May I contact you later today?
TODAY IS: [fill CWKDAY1], [fill CDATE_C]

-THANKCB-

Thank you for your help.

I will contact you at the time suggested.

REVISIT DATE: [fill CALLBACK]

PRESS ENTER TO CONTINUE

-THANKYOU-

Thank you for your cooperation.

PRESS ENTER TO END INTERVIEW

-MODECOLL-

FR CHECK ITEM:

Was the majority of this interview done by
personal interview, or by telephone interview?

- (1) Personal interview
- (2) Telephone interview

-VISITCNT-

QUESTION TO THE FR:

How many times have you attempted personal contact
with this household (and actually visited the address)?

_____1

How many times have you attempted to contact this
household by telephone?

_____2

-INOTES_1-

Enter brief notes about this case that could help
with the next interview.

OLD NOTE: [fill INOTSA]

[fill INOTSB]

[fill INOTSC]

[fill INOTSD]

(N) Nothing unusual; no (more) notes needed

(S) KEEP THE OLD NOTE

_____ A

_____ B

_____ C

D

-INOTES_2-

Previous notes about this case are:

[fill INOTSA]

[fill INOTSB]

[fill INOTSC]

[fill INOTSD]

Do you want to REPLACE them with new notes about this case?

(1) Yes, I want to REPLACE THEM

(2) No, let them stand

-SAQ-

FR: Were questionnaires filled out for each of the
following adolescents?

(1-Yes, 2-No)

[roster begin PERSONS]

[fill TEMPNAME:b] _____

[roster end PERSONS]

-SHOWFINAL-

THIS SCREEN IS PRESENT FOR TESTING PURPOSES ONLY!
IT WILL BE REMOVED FOR PRODUCTION.

OUTCOME = [fill OUTCOME]

ACTION = [fill ACTION]

MARK = [fill MARK]

MARKTWO = [fill MARKTWO]

_____ (PRESS ENTER)